

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00020673		2 Total pages filed: 203	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable		FIRST Jane	MI	
	NICKNAME		LAST Nelson	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; P. O. Box 608  Grapevine, TX 76099		ZIP CODE	
		OFFICE USE ONLY			
		Date Received ELECTRONICALLY FILED 01/15/2019			
		Date Hand-delivered or Date Postmarked			
5 CAMPAIGN TREASURER NAME		MS / MRS / MR Mr.		FIRST James Michael	MI
		NICKNAME		LAST Nelson	SUFFIX
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8601 Lighthouse Drive  Flower Mound, TX 75022			
7 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (940) 898-8301			
8 REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED		Month Day Year    THROUGH    Month Day Year 07/01/2018    12/31/2018			
10 ELECTION		ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE		OFFICE HELD (if any) State Senator District 12		12 OFFICE SOUGHT (if known)	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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<b>13 C / OH NAME</b> Nelson, Jane (The Honorable)	<b>14 Filer ID</b> (Ethics Commission Filers) 00020673
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>
	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>
	<input type="checkbox"/> SPECIFIC	
	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>	
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>	

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1,780.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 531,054.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 3,756.55
	4. TOTAL POLITICAL EXPENDITURES	\$ 334,749.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,655,945.17
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

<b>17 AFFADAVIT</b>		
<p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <p>The Honorable Jane Nelson</p> <p>_____ Signature of Candidate or Officeholder</p>		
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.		
_____ Signature of officer administering	_____ Printed name of officer administering	_____ Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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<b>18 FILER NAME</b> Nelson, Jane (The Honorable)		<b>19 Filer ID</b> 00020673	(Ethics Commission Filers)
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	531,054.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	271,154.22
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	8,792.08
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	63,594.83
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	13,834.17

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/64 Rpt: 4/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 09/07/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A&M PAC <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78768-4609	<b>7</b> Amount of Contribution (\$)  \$10,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AT&T Texas PAC Contributor address; City; State; Zip Code  Austin, TX 78701-2471	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2018	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00279455) AZ PAC/Zeneca Contributor address; City; State; Zip Code  Wilmington, DE 19803-2910	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/08/2018	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00536573) AbbVie PAC Contributor address; City; State; Zip Code  North Chicago, IL 60064-1802	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2018	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00040279) Abbott Laboratories Employee PAC Contributor address; City; State; Zip Code  Abbott Park, IL 60064-3502	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/64 Rpt: 5/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 09/17/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Neal <hr/> <b>6</b> Contributor address; City; State; Zip Code  Grapevine, TX 76051-6741	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Adams, Lynch, Loftin & Smith
Date 11/19/2018	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00181826</u> ) Aetna Inc. PAC <hr/> Contributor address; City; State; Zip Code  Washington, DC 20001-6706	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/19/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen Boone Humphries Robinson LLP <hr/> Contributor address; City; State; Zip Code  Houston, TX 77027-7537	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/06/2018	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00107615</u> ) American Rental Association of TX <hr/> Contributor address; City; State; Zip Code  Moline, IL 61265-4179	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/06/2018	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00251876</u> ) Amgen PAC <hr/> Contributor address; City; State; Zip Code  Thousand Oaks, CA 91320-1730	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/64 Rpt: 6/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 11/05/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Gregory <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76107-7378	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/02/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews, Barry Contributor address; City; State; Zip Code  Dallas, TX 75207-2308	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Andrews Distributing
Date 08/21/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews Jr., Paul Contributor address; City; State; Zip Code  Aledo, TX 76008-2408	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) General Manager		Employer (See Instructions) AFO Capital Ltd
Date 10/04/2018	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00197228</u> ) Anthem PAC Contributor address; City; State; Zip Code  Washington, DC 20004-2513	Amount of Contribution (\$)  \$7,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apartment Association of Greater Dallas PAC Contributor address; City; State; Zip Code  Dallas, TX 75240-6337	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/64 Rpt: 7/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 11/06/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Associated General Contractors of Texas PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78768-2185	<b>7</b> Amount of Contribution (\$)  \$10,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/29/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atmos Energy Corporation PAC <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75240-2630	Amount of Contribution (\$)  \$3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/25/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BEEF PAC <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79106-4617	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BNSF Rail PAC <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76161-0039	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2018	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00060103) BP North America Employee PAC <hr/> Contributor address; City; State; Zip Code  Houston, TX 77079-2604	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/64 Rpt: 8/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 07/06/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Mona <b>6</b> Contributor address; City; State; Zip Code  North Richland Hills, TX 76180-5360	<b>7</b> Amount of Contribution (\$)  \$2,500.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 07/23/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bancroft, Sue Contributor address; City; State; Zip Code  Argyle, TX 76226-2954	Amount of Contribution (\$)  \$10,000.00
Principal occupation / Job title (See Instructions) Businesswoman		Employer (See Instructions) Self
Date 10/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Margaret Contributor address; City; State; Zip Code  Denton, TX 76202-1454	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartlett, Bryan Contributor address; City; State; Zip Code  Colleyville, TX 76034-4163	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/05/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bauman, Ron & Kay Contributor address; City; State; Zip Code  Flower Mound, TX 75022-4454	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/64 Rpt: 9/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 10/01/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beckwith, Jay <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76132-4576	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/08/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beer Alliance of Texas Committee Contributor address; City; State; Zip Code  Austin, TX 78701-2656	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/07/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell Helicopter Textron PAC Contributor address; City; State; Zip Code  Fort Worth, TX 76101-0482	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Michael Contributor address; City; State; Zip Code  Fort Worth, TX 76116-2025	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Hillwood
Date 07/19/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Betsy Price Campaign Contributor address; City; State; Zip Code  Fort Worth, TX 76185-0066	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/64 Rpt: 10/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 08/31/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Betts, Chris <hr/> <b>6</b> Contributor address; City; State; Zip Code  Aubrey, TX 76227-1760	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/06/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black Jr., Thomas <hr/> Contributor address; City; State; Zip Code  Flower Mound, TX 75028-2266	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 09/06/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blagg, Gary <hr/> Contributor address; City; State; Zip Code  Grapevine, TX 76051-3532	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/24/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyle Jr., John <hr/> Contributor address; City; State; Zip Code  Irving, TX 75061-2135	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Boyle & Lowry, LLP
Date 10/01/2018	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00035675) Bristol-Myers Squibb Company PAC <hr/> Contributor address; City; State; Zip Code  Washington, DC 20004-3634	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/64 Rpt: 11/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 09/17/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Randolph <b>6</b> Contributor address; City; State; Zip Code Fort Worth, TX 76107-3955	<b>7</b> Amount of Contribution (\$) \$100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/13/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgher, Jeffrey Contributor address; City; State; Zip Code Coppell, TX 75019-3978	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/10/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burnett, Quentin Contributor address; City; State; Zip Code Cushing, TX 75760-6352	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/08/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burt Solomons Campaign Contributor address; City; State; Zip Code Carrollton, TX 75011-7264	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/29/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butt, Charles Contributor address; City; State; Zip Code San Antonio, TX 78204-1317	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) HEB Grocery

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/64 Rpt: 12/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 08/16/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calhoun, Kirk <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75707-1675	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) President & CEO		<b>9</b> Employer (See Instructions) UT Health Northeast
Date 12/06/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Capelo, Jaime <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-1668	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Capelo Law Firm
Date 10/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Brent <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76135-4404	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castle, Danette <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79411-1516	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) TX Council of Community Centers
Date 10/15/2018	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00148031) Caterpillar Employees PAC <hr/> Contributor address; City; State; Zip Code  Peoria, IL 61629-0001	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/64 Rpt: 13/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 10/12/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CenterPoint Energy Committee <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77210-4567	<b>7</b> Amount of Contribution (\$)  \$2,500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/03/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Randall Contributor address; City; State; Zip Code  Austin, TX 78704-4611	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charter Communications, Inc. Texas PAC Contributor address; City; State; Zip Code  Austin, TX 78704	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/03/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Childs, Tilden Contributor address; City; State; Zip Code  Fort Worth, TX 76109-1032	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/18/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cichon, Jolanta Contributor address; City; State; Zip Code  Flower Mound, TX 75022-6525	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Oncologist		Employer (See Instructions) Texas Oncology/US Oncology/McKesson

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/64 Rpt: 14/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 07/16/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coffey, Debra <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76102-3809	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) VP Government Affairs		<b>9</b> Employer (See Instructions) Smart Start, Inc
Date 07/11/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Marion <hr/> Contributor address; City; State; Zip Code  Stephenville, TX 76401-1625	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/27/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, Hugh <hr/> Contributor address; City; State; Zip Code  Denton, TX 76205-5487	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/18/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, Michael <hr/> Contributor address; City; State; Zip Code  Westworth Village, TX 76114-4104	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2018	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00248716) Comcast Corporation & NBCUniversal PAC <hr/> Contributor address; City; State; Zip Code  Philadelphia, PA 19103-2838	Amount of Contribution (\$)  \$3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/64 Rpt: 15/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 09/15/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Condon, Nancy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Denton, TX 76205-6916	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/19/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Kenneth <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75254-8645	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cooper Clinic
Date 09/20/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Kenneth <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75254-8645	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cooper Clinic
Date 12/07/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Costa, Dianne & Dennis <hr/> Contributor address; City; State; Zip Code  Lewisville, TX 75077-1847	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Oncology
Date 07/11/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, James <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109-2411	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/64 Rpt: 16/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 09/17/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crawford Jr., R.L. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Denton, TX 76201-4148	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/09/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruser, Kevin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78745-2757	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dannenbaum, James <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019-1002	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Dannenbaum Engineering Corp
Date 08/24/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeMarzo, Alexander <hr/> Contributor address; City; State; Zip Code  Flower Mound, TX 75028-1730	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2018	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00211318) Deloitte PAC <hr/> Contributor address; City; State; Zip Code  Washington, DC 20044-0365	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/64 Rpt: 17/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 07/26/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denny, Mary <hr/> <b>6</b> Contributor address; City; State; Zip Code  Aubrey, TX 76227-3029	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/22/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DentaQuest PAC TX <hr/> Contributor address; City; State; Zip Code  Nashville, TN 37203-6822	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/08/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dixon, Don <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209-4734	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/22/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doran, Laird <hr/> Contributor address; City; State; Zip Code  Houston, TX 77077-2026	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Director, Senior Counsel		Employer (See Instructions) The Friedkin Group
Date 09/01/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duggins, Ralph <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76116-7307	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Cantey & Hanger, LLP

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/64 Rpt: 18/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 09/13/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan, Rick <b>6</b> Contributor address; City; State; Zip Code Royse City, TX 75189-4649	<b>7</b> Amount of Contribution (\$) \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Self Employed
Date 09/13/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunson, Stephen Contributor address; City; State; Zip Code Glen Rose, TX 76043-4313	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/08/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duvall, Duncan Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Easton, Darl Contributor address; City; State; Zip Code Euless, TX 76039-3248	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/11/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edmondson, Dianne Contributor address; City; State; Zip Code Denton, TX 76207-8603	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/64 Rpt: 19/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 09/13/2018	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00082792 ) Eli Lilly & Company PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Indianapolis, IN 46285-0001	<b>7</b> Amount of Contribution (\$)  \$3,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/08/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) Elsey, Dorothy <hr/> Contributor address; City; State; Zip Code  Grapevine, TX 76099-0519	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Contract Compliance Analyst		Employer (See Instructions) Energy Transfer
Date 07/16/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) Emery, Charles <hr/> Contributor address; City; State; Zip Code  Lewisville, TX 75077-1771	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/12/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) Energy Leaders PAC of Vistra Energy <hr/> Contributor address; City; State; Zip Code  Irving, TX 75039-2479	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/08/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) Ensweiler, Richard <hr/> Contributor address; City; State; Zip Code  The Colony, TX 75056-3459	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/64 Rpt: 20/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 08/22/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eppstein, Bryan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76109-1514	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) President & CEO		<b>9</b> Employer (See Instructions) The Eppstein Group
Date 10/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erben & Yarbrough <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-2508	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/28/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erwin, Gay <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746-5776	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Strategic Partnerships, Inc.
Date 07/23/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Nancy <hr/> Contributor address; City; State; Zip Code  Wichita Falls, TX 76309-4767	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions) Self
Date 10/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farmer, Kandace <hr/> Contributor address; City; State; Zip Code  Highland Village, TX 75077-7096	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/64 Rpt: 21/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 12/06/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farmers Employee & Agent PAC of TX <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701-4042	<b>7</b> Amount of Contribution (\$)  \$5,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/17/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fertitta, Tilman <hr/> Contributor address; City; State; Zip Code  Houston, TX 77027-9505	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Landry's
Date 07/13/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feyten, Carine <hr/> Contributor address; City; State; Zip Code  Denton, TX 76209-2076	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Chancellor/President		Employer (See Instructions) Texas Woman's University
Date 11/05/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Filipetto, Frank <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008-2749	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/06/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FirstCash, Inc. Multi-Candidate PAC <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76102-2504	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/64 Rpt: 22/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 08/20/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleming, Barbara <b>6</b> Contributor address; City; State; Zip Code Highland Village, TX 75077-6805	<b>7</b> Amount of Contribution (\$) \$100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/03/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Focused Advocacy PAC Contributor address; City; State; Zip Code Austin, TX 78701-2442	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/20/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friends of Baylor Med Contributor address; City; State; Zip Code Houston, TX 77010-3095	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/27/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friends of Midwestern Contributor address; City; State; Zip Code Wichita Falls, TX 76308-1049	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/07/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friends of TWU PAC Contributor address; City; State; Zip Code Austin, TX 78767-1026	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/64 Rpt: 23/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 12/06/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friends of UNT PAC <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75380-3272	<b>7</b> Amount of Contribution (\$)  \$2,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/06/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friends of UT Southwestern Medical Center Contributor address; City; State; Zip Code  Dallas, TX 75230-1330	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/03/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friends of the University PAC Contributor address; City; State; Zip Code  Austin, TX 78763-0552	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/30/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galloway, Joel Contributor address; City; State; Zip Code  Plano, TX 75024-7467	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Property Tax Consultant		Employer (See Instructions) Meritax
Date 08/29/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garnett, Susan Contributor address; City; State; Zip Code  Fort Worth, TX 76109-5233	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) MHMR of Tarrant County

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/64 Rpt: 24/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 07/26/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Fickes Campaign <hr/> <b>6</b> Contributor address; City; State; Zip Code  Colleyville, TX 76034-1397	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/15/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gelbman, Itamar <hr/> Contributor address; City; State; Zip Code  Flower Mound, TX 75022-6159	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Gelbman International
Date 10/04/2018	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00199257) GenenPAC <hr/> Contributor address; City; State; Zip Code  South San Francisco, CA 94080-4918	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/05/2018	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00076810) General Motors Company PAC <hr/> Contributor address; City; State; Zip Code  Washington, DC 20001-1427	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/17/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Good Government Fund <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76102-3129	Amount of Contribution (\$)  \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/64 Rpt: 25/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 09/13/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graydon Group LLC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701-5007	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/04/2018	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00266585) Greenberg Traurig PAC <hr/> Contributor address; City; State; Zip Code  Albany, NY 12207-2510	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/11/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gulf States Toyota Inc State PAC <hr/> Contributor address; City; State; Zip Code  Houston, TX 77077-2026	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HCA Texas Good Government Fund <hr/> Contributor address; City; State; Zip Code  Irving, TX 75039-2478	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOMEPAC of Texas <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-1957	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/64 Rpt: 26/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 10/04/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOSPAC <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701-2180	<b>7</b> Amount of Contribution (\$)  \$5,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 11/09/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HS Law PAC Contributor address; City; State; Zip Code  Austin, TX 78701-1696	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/03/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haines, Matthew Contributor address; City; State; Zip Code  Lake Dallas, TX 75065-2073	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/27/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haley, Sheila Contributor address; City; State; Zip Code  Lantana, TX 76226-6483	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, Paul Contributor address; City; State; Zip Code  Plano, TX 75024-3377	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/64 Rpt: 27/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 08/22/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hancock, Robert <hr/> <b>6</b> Contributor address; City; State; Zip Code  Trophy Club, TX 76262-5642	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/16/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Mark <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76012-5362	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions) Insight Vision
Date 09/11/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper-Brown, Linda <hr/> Contributor address; City; State; Zip Code  Lewisville, TX 75077-1765	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2018	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00199711</u> ) Health Care Service Corporation Employees' PAC <hr/> Contributor address; City; State; Zip Code  Chicago, IL 60601-5014	Amount of Contribution (\$)  \$3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendrickson, Lisa <hr/> Contributor address; City; State; Zip Code  Lantana, TX 76226-5535	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/64 Rpt: 28/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 09/19/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, David <b>6</b> Contributor address; City; State; Zip Code Lewisville, TX 75067-8304	<b>7</b> Amount of Contribution (\$) \$250.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HillCo PAC Contributor address; City; State; Zip Code Austin, TX 78701-2458	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/13/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holt, Mark Contributor address; City; State; Zip Code Lewisville, TX 75067-5705	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) MD Pediatric Associates
Date 09/24/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston Pilots PAC Contributor address; City; State; Zip Code Deer Park, TX 77536-3270	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/17/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes Jr., Dan Contributor address; City; State; Zip Code San Antonio, TX 78212-3167	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Dan A. Hughes Company

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/64 Rpt: 29/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 10/04/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Woody <hr/> <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79913-0220	<b>7</b> Amount of Contribution (\$)  \$2,500.00
<b>8</b> Principal occupation / Job title (See Instructions) Executive Chairman		<b>9</b> Employer (See Instructions) Hunt Companies
Date 10/03/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchens, Mia <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703-3347	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/30/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Independent Bankers Association of Texas PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-1683	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/13/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Independent Insurance Agents of Texas PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78768-4487	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/10/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J.D. Johnson Campaign Fund <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76136-0021	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/64 Rpt: 30/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 09/05/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Rita <b>6</b> Contributor address; City; State; Zip Code Flower Mound, TX 75022-6489	<b>7</b> Amount of Contribution (\$) \$400.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/17/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jahn, David Contributor address; City; State; Zip Code Trophy Club, TX 76262-5526	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/25/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jensen, Daniel Contributor address; City; State; Zip Code Fort Worth, TX 76109-1607	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) VP Governmental Affairs		Employer (See Instructions) UNT Health Science Center
Date 08/27/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jester, Jill Contributor address; City; State; Zip Code Denton, TX 76205-8262	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/30/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Milla Contributor address; City; State; Zip Code Dallas, TX 75204-5539	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/64 Rpt: 31/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 10/04/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Junior and Community College PAC <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701-1686	<b>7</b> Amount of Contribution (\$)  \$2,500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/17/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) K&L Gates LLP Committee For Good Government Contributor address; City; State; Zip Code  Dallas, TX 75201-7342	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/13/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaplan, David Contributor address; City; State; Zip Code  Plano, TX 75025-2206	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/20/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kell, Kevin Contributor address; City; State; Zip Code  Fort Worth, TX 76107-2420	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/05/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khetan, Roger Contributor address; City; State; Zip Code  Dallas, TX 75205-1905	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/64 Rpt: 32/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 08/29/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knox Jr., McKinley <hr/> <b>6</b> Contributor address; City; State; Zip Code  Joshua, TX 76058-5230	<b>7</b> Amount of Contribution (\$)  \$2,500.00
<b>8</b> Principal occupation / Job title (See Instructions) Administrator		<b>9</b> Employer (See Instructions) ABODE Treatment, Inc.
Date 09/13/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krebs, Lynn <hr/> Contributor address; City; State; Zip Code  Irving, TX 75063-3917	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/19/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ku, Charles <hr/> Contributor address; City; State; Zip Code  Flower Mound, TX 75028-3501	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/07/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) L. Dee Shipman Campaign <hr/> Contributor address; City; State; Zip Code  Denton, TX 76205-8304	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lange, Richard <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79912-3430	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Texas Tech University Health Sciences Center El Paso



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/64 Rpt: 33/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 08/08/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Offices of J. Christopher Abel, PLLC <b>6</b> Contributor address; City; State; Zip Code  Flower Mound, TX 75028-1839	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/23/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Bill & Grace Contributor address; City; State; Zip Code  Highland Village, TX 75077-2752	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 07/17/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lebas, James Contributor address; City; State; Zip Code  Austin, TX 78701-1689	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Gary Contributor address; City; State; Zip Code  Lantana, TX 76226-4344	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/16/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Gib Contributor address; City; State; Zip Code  Fort Worth, TX 76111-1225	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/64 Rpt: 34/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 08/13/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson LLP <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78760-7428	<b>7</b> Amount of Contribution (\$)  \$2,500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/17/2018	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00303024) Lockheed Martin Employees' PAC Contributor address; City; State; Zip Code  Arlington, VA 22202-3706	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/11/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luce III, Thomas Contributor address; City; State; Zip Code  Dallas, TX 75225-2470	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Self
Date 10/09/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luke, Juli Contributor address; City; State; Zip Code  Corinth, TX 76210-2270	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/15/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lumley, Lisa Contributor address; City; State; Zip Code  Fort Worth, TX 76135-9645	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/64 Rpt: 35/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 12/07/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCNA Health Care Holdings, LLC <b>6</b> Contributor address; City; State; Zip Code  Fort Lauderdale, FL 33309-2338	<b>7</b> Amount of Contribution (\$)  \$5,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/09/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mach, Steven Contributor address; City; State; Zip Code  Houston, TX 77219-0630	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) VP Finance		Employer (See Instructions) Mach Industrial Group
Date 12/07/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Magellan Health Inc TX Committee for Good Government Contributor address; City; State; Zip Code  Columbia, MD 21046-2706	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/15/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marple, William Contributor address; City; State; Zip Code  Dallas, TX 75201-4631	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/27/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marsh, Ronda Contributor address; City; State; Zip Code  Flower Mound, TX 75028-2904	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/64 Rpt: 36/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 08/08/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marvelli, Thomas <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76133-3401	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Ophthalmologist		<b>9</b> Employer (See Instructions) Self
Date 10/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Brian <hr/> Contributor address; City; State; Zip Code  San Angelo, TX 76901-3631	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Angelo State University
Date 08/30/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAlister, Jana <hr/> Contributor address; City; State; Zip Code  Argyle, TX 76226-1542	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClure, Madeline <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75209-2405	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/06/2018	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00225342) McGuireWoods <hr/> Contributor address; City; State; Zip Code  Richmond, VA 23219-3956	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/64 Rpt: 37/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 10/04/2018	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00108035 ) McKesson Corporation Employees Political Fund <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Francisco, CA 94104-5255	<b>7</b> Amount of Contribution (\$)  \$2,500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/08/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) Meadows, William <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107-1148	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Chairman		Employer (See Instructions) Hub International
Date 12/06/2018	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00469205 ) Mednax PAC <hr/> Contributor address; City; State; Zip Code  Sunrise, FL 33323-2843	Amount of Contribution (\$)  \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/02/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) Meek, Dena <hr/> Contributor address; City; State; Zip Code  Little Elm, TX 75068-2256	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/02/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) Mehta, Hannah <hr/> Contributor address; City; State; Zip Code  Flower Mound, TX 75022-8452	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/64 Rpt: 38/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 08/01/2018	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00227546 ) Microsoft Corporation Political Action Committee <hr/> <b>6</b> Contributor address; City; State; Zip Code  Redmond, WA 98052-6301	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/17/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) Mitchell, Lee Roy <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75251-2067	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Cinemark Usa Inc.
Date 11/05/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) Mohon, Monty & Michelle <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76110-6610	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/16/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) Moncrief Jr., W.A. <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76102-5418	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/15/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) Moody, Ross <hr/> Contributor address; City; State; Zip Code  Austin, TX 78752-1638	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/64 Rpt: 39/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 12/06/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NAIFA TEXAS IFA PAC <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701-3567	<b>7</b> Amount of Contribution (\$)  \$1,500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/06/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NCHA's Texas Events PAC Contributor address; City; State; Zip Code  Fort Worth, TX 76107-1862	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NRG Energy PAC Contributor address; City; State; Zip Code  Princeton, NJ 08540-6023	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nau III, John Contributor address; City; State; Zip Code  Houston, TX 77219-0130	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) Chairman & CEO		Employer (See Instructions) Silver Eagle Distributors, L.P.
Date 09/05/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Spence Contributor address; City; State; Zip Code  Highland Village, TX 75077-3140	Amount of Contribution (\$)  \$275.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/64 Rpt: 40/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 10/30/2018	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00033969) Novartis PAC <b>6</b> Contributor address; City; State; Zip Code  Washington, DC 20004-2723	<b>7</b> Amount of Contribution (\$)  \$2,500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/03/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) Nucor Corporation PAC Contributor address; City; State; Zip Code  Jewett, TX 75846-3374	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/19/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) Nye, Erle Contributor address; City; State; Zip Code  Dallas, TX 75230	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) EN Consulting
Date 07/13/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) O'Neal, Patricia Contributor address; City; State; Zip Code  Fort Worth, TX 76107-1479	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/20/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) O'Reilly Jr., Henry Contributor address; City; State; Zip Code  Plano, TX 75093-4010	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/64 Rpt: 41/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 11/29/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Old American Capital Corp PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254-8057	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oncor PAC <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75202-1234	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/05/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oneacre, Lee <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230-5208	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2018	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00025395</u> ) PNM Responsible Citizens Group <hr/> Contributor address; City; State; Zip Code  Albuquerque, NM 87158-0001	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/17/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PSEL PAC <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76102-3129	Amount of Contribution (\$)  \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/64 Rpt: 42/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 08/08/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pack, Tony <hr/> <b>6</b> Contributor address; City; State; Zip Code  Southlake, TX 76092-5834	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Vice President		<b>9</b> Employer (See Instructions) Sam Pack Auto Group
Date 09/17/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pape Wilson, Ann <hr/> Contributor address; City; State; Zip Code  Corinth, TX 76210-3068	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/11/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patton Jr., Robert <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107-4878	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Texas Capitalization Resource Group
Date 08/27/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paup, Ted & Nancy <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107-1551	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pavlik and Associates, L.P. <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76102-4448	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/64 Rpt: 43/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 09/13/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pennington, Paul <hr/> <b>6</b> Contributor address; City; State; Zip Code  Carrollton, TX 75010-4458	<b>7</b> Amount of Contribution (\$)  \$800.00
<b>8</b> Principal occupation / Job title (See Instructions) President		<b>9</b> Employer (See Instructions) PE Pennington & Company, Inc.
<b>Date</b> 07/30/2018	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Perdue, Brandon, Fielder, Collins & Mott, LLP <hr/> <b>Contributor address; City; State; Zip Code</b>  Lubbock, TX 79408-0817	<b>Amount of Contribution (\$)</b>  \$1,000.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 10/04/2018	<b>Full name of contributor</b> <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00016683) Pfizer PAC <hr/> <b>Contributor address; City; State; Zip Code</b>  New York, NY 10017-5703	<b>Amount of Contribution (\$)</b>  \$2,500.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 12/06/2018	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) PharmPAC <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78757	<b>Amount of Contribution (\$)</b>  \$2,000.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 08/23/2018	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Pigman, Reed <hr/> <b>Contributor address; City; State; Zip Code</b>  Fort Worth, TX 76106-2782	<b>Amount of Contribution (\$)</b>  \$500.00
<b>Principal occupation / Job title (See Instructions)</b> President		<b>Employer (See Instructions)</b> Texas Jet, Inc.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/64 Rpt: 44/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 11/15/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Political Action Committee for Engineers <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78768-2145	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Popp Hutcheson PLLC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746-6919	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/27/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raimer, Ben <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77551-1571	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTMB Health
Date 10/15/2018	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00097568</u> ) Raytheon PAC <hr/> Contributor address; City; State; Zip Code  Arlington, VA 22209-3900	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2018	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00344663</u> ) ResCare Advocacy Fund <hr/> Contributor address; City; State; Zip Code  Louisville, KY 40223-3808	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/64 Rpt: 45/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 07/30/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Debbie <b>6</b> Contributor address; City; State; Zip Code Bedford, TX 76021-4522	<b>7</b> Amount of Contribution (\$) \$250.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/16/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodes Glover, Toni Contributor address; City; State; Zip Code Fort Worth, TX 76135-5386	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/14/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romo, Joel Contributor address; City; State; Zip Code Chappell Hill, TX 77426-0114	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/05/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosinia, Francis Contributor address; City; State; Zip Code Fort Worth, TX 76107-1702	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/05/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Susan Contributor address; City; State; Zip Code Fort Worth, TX 76109-1836	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/64 Rpt: 46/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 07/19/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowling, Robert <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-3241	<b>7</b> Amount of Contribution (\$)  \$5,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Investor		<b>9</b> Employer (See Instructions) Trt Holdings, Inc.
Date 10/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rural Friends of Electric Cooperatives Contributor address; City; State; Zip Code  Austin, TX 78701-2100	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/11/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rush, Blayne Contributor address; City; State; Zip Code  Frisco, TX 75034-8415	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) Rush Homes, LLC
Date 12/06/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan Texas PAC Contributor address; City; State; Zip Code  Dallas, TX 75240-5050	Amount of Contribution (\$)  \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/07/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCOPE Contributor address; City; State; Zip Code  Amarillo, TX 79101-2510	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/64 Rpt: 47/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 12/03/2018	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00526509 ) Safelite Group Inc. PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Columbus, OH 43235-2762	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/06/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) San Antonio Professional Firefighters <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78201-1755	Amount of Contribution (\$)  \$1,624.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/11/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) Sanders, Nick <hr/> Contributor address; City; State; Zip Code  Trophy Club, TX 76262-9700	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Combined Computer Resources, Inc.
Date 10/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) Schovanec, Lawrence <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79410-1410	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Texas Tech University
Date 10/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) Schrader, Megan <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78628-1511	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/64 Rpt: 48/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 08/01/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Tim <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76116-8173	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/26/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sells, Katherine Contributor address; City; State; Zip Code  Lewisville, TX 75056-5701	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/29/2018	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00173096) Service Corporation International PAC Contributor address; City; State; Zip Code  Houston, TX 77219-0548	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shanklin, Kimberly Contributor address; City; State; Zip Code  Argyle, TX 76226-1330	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 10/01/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shapiro Linn Strategic Consulting LLC Contributor address; City; State; Zip Code  Austin, TX 78734-0001	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/64 Rpt: 49/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 08/08/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharen Wilson for District Attorney <b>6</b> Contributor address; City; State; Zip Code Fort Worth, TX 76101-0282	<b>7</b> Amount of Contribution (\$) \$250.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharp, John Contributor address; City; State; Zip Code College Station, TX 77840-2884	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Chancellor		Employer (See Instructions) Texas A&M University
Date 09/07/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherry Shipman Campaign Contributor address; City; State; Zip Code Denton, TX 76205-8304	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/07/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shipman, Sherry Contributor address; City; State; Zip Code Denton, TX 76205-8304	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/30/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Ronald Contributor address; City; State; Zip Code Carrollton, TX 75010-4241	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Investment Advisor		Employer (See Instructions) Retirement Advisors of America

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/64 Rpt: 50/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 11/09/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southern Glazer's PAC of Texas <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701-1696	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/20/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southern, David Contributor address; City; State; Zip Code  Granbury, TX 76048-2211	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/13/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southwest Airlines Co Freedom Fund Contributor address; City; State; Zip Code  Dallas, TX 75235-1611	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/26/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Springer, Jeffrey Contributor address; City; State; Zip Code  Sanger, TX 76266-0688	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/23/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanfield, Jacquelyn Contributor address; City; State; Zip Code  Flower Mound, TX 75028-3092	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/64 Rpt: 51/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 09/18/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Raymond <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701-2102	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Consultant		<b>9</b> Employer (See Instructions) Sullivan Public Affairs
Date 11/29/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Superior Health Plan, Inc. Centene Corporation PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704-4435	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/07/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sysco Corp. Good Government Committee <hr/> Contributor address; City; State; Zip Code  Houston, TX 77077-2025	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/14/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TALHI Life Insurance PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-2469	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXPAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-1672	Amount of Contribution (\$)  \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/64 Rpt: 52/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 09/24/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TLD Bar Ranch LP <hr/> <b>6</b> Contributor address; City; State; Zip Code  Chico, TX 76431-3001	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/06/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78768-2246	Amount of Contribution (\$)  \$25,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/20/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TX Society of Professional Surveyor SURPACs <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746-6922	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/10/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Charles <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107-2644	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Provost and Executive Vice President		Employer (See Instructions) University of North Texas Health Science Center
Date 10/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tenaska Employees Texas PAC <hr/> Contributor address; City; State; Zip Code  Omaha, NE 68154-5212	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/64 Rpt: 53/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 10/04/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry, Debbie <b>6</b> Contributor address; City; State; Zip Code  Denton, TX 76210-0108	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/17/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry, Helene Contributor address; City; State; Zip Code  Dallas, TX 75205-2789	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Helene's Luxury Kitchens
Date 12/07/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tex-Pipe PAC Contributor address; City; State; Zip Code  Austin, TX 78701-1726	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Academy of Nutrition & Dietetics PAC Contributor address; City; State; Zip Code  Dallas, TX 75206-5249	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/10/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Alliance for Life PAC Contributor address; City; State; Zip Code  Austin, TX 78754-5135	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/64 Rpt: 54/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 10/04/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Apartment Association <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701-1951	<b>7</b> Amount of Contribution (\$)  \$2,500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/10/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Assisted Living Association PAC Contributor address; City; State; Zip Code  Austin, TX 78759-8505	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Association of Health Plans PAC Contributor address; City; State; Zip Code  Austin, TX 78701-5002	Amount of Contribution (\$)  \$3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/06/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Association of Health Underwriters PAC Contributor address; City; State; Zip Code  Houston, TX 77061-2608	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/06/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Association of Nurse Anesthetists PAC Contributor address; City; State; Zip Code  Austin, TX 78704-1725	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 52/64 Rpt: 55/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 10/04/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Association of Property Tax Professionals PAC <b>6</b> Contributor address; City; State; Zip Code  Helotes, TX 78023-0933	<b>7</b> Amount of Contribution (\$)  \$2,500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/08/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Automobile Dealers Association Contributor address; City; State; Zip Code  Austin, TX 78701-2181	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/07/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Construction Association PAC Contributor address; City; State; Zip Code  Austin, TX 78701-1905	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Cornerstone Credit Union League PAC Contributor address; City; State; Zip Code  Dallas, TX 75265-5147	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/07/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Dairymen PAC Contributor address; City; State; Zip Code  Austin, TX 78711-3182	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 53/64 Rpt: 56/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 10/04/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Dental Association PAC <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78704-3644	<b>7</b> Amount of Contribution (\$)  \$10,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/07/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Farm Bureau AGFUND Contributor address; City; State; Zip Code  Waco, TX 76702-2689	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/07/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Food & Fuel Association PAC Contributor address; City; State; Zip Code  Austin, TX 78701-1671	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Humane Legislation PAC Contributor address; City; State; Zip Code  Dallas, TX 75225-5860	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/06/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Land Title Association PAC Contributor address; City; State; Zip Code  Austin, TX 78703-4775	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 54/64 Rpt: 57/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 10/04/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Mortgage Bankers PAC <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701-2668	<b>7</b> Amount of Contribution (\$)  \$3,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/06/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Municipal Police Association PAC Contributor address; City; State; Zip Code  Austin, TX 78752-3800	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/14/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Nurse PAC Contributor address; City; State; Zip Code  Austin, TX 78759-8444	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/07/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Nurse Practitioners PAC Contributor address; City; State; Zip Code  Austin, TX 78735-6713	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Nurse Practitioners PAC Contributor address; City; State; Zip Code  Austin, TX 78735-6713	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 55/64 Rpt: 58/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 10/04/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Oil and Gas Association Good Government Committee <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701-1823	<b>7</b> Amount of Contribution (\$)  \$5,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Optometric PAC Contributor address; City; State; Zip Code  Austin, TX 78705-2032	Amount of Contribution (\$)  \$3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/23/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Podiatric Medical Association PAC Contributor address; City; State; Zip Code  Austin, TX 78701-2342	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/27/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Poultry PAC Contributor address; City; State; Zip Code  Round Rock, TX 78681-5030	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Society of CPAs-Dallas Chapter Contributor address; City; State; Zip Code  Dallas, TX 75254-7465	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 56/64 Rpt: 59/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 09/07/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Society of CPAs-Fort Worth Chapter <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254-7465	<b>7</b> Amount of Contribution (\$)  \$1,500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/29/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Speech Language Hearing Association PAC Contributor address; City; State; Zip Code  Austin, TX 78701-3102	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/07/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas State University System Contributor address; City; State; Zip Code  Austin, TX 78767-1408	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Tech Alumni & Friends PAC Contributor address; City; State; Zip Code  Lubbock, TX 79424-3239	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/05/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas and Southwestern Cattle Raisers Association Contributor address; City; State; Zip Code  Fort Worth, TX 76102-2651	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 57/64 Rpt: 60/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 09/05/2018	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00142711 ) The Boeing Company PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Arlington, VA 22202-4208	<b>7</b> Amount of Contribution (\$)  \$1,500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 11/05/2018	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C90007923 ) The Chickasaw Nation <hr/> Contributor address; City; State; Zip Code  Ada, OK 74820-9255	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2018	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00074096 ) The Dow Chemical Company Employee PAC <hr/> Contributor address; City; State; Zip Code  Midland, MI 48674-1500	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/13/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) The Harris Law Office PLLC <hr/> Contributor address; City; State; Zip Code  Carrollton, TX 75010-4450	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) The Real Estate Council PAC <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75201-1104	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 58/64 Rpt: 61/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 10/04/2018	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00339655) The US Oncology Network PAC <b>6</b> Contributor address; City; State; Zip Code The Woodlands, TX 77380-1975	<b>7</b> Amount of Contribution (\$) \$5,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/16/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) Thimesch, Kronda Contributor address; City; State; Zip Code Lewisville, TX 75056-5706	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) Thompson & Horton LLP Contributor address; City; State; Zip Code Houston, TX 77027-7554	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/01/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) Tigue, Virginia Contributor address; City; State; Zip Code Colleyville, TX 76034-4513	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/13/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) Tilley, Rice & Sandra Contributor address; City; State; Zip Code Fort Worth, TX 76102-6329	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 59/64 Rpt: 62/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 09/17/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tinsley, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Forestburg, TX 76239-3197	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/04/2018	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00542365) Toyota Motor North America, Inc PAC Toyota/Lexus PAC <hr/> Contributor address; City; State; Zip Code  Washington, DC 20004-2801	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/09/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TravelPAC <hr/> Contributor address; City; State; Zip Code  West Lake Hills, TX 78746-5463	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/10/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Robert <hr/> Contributor address; City; State; Zip Code  Voss, TX 76888-3018	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 12/06/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) U.S. Anesthesia Partners of Texas, P.A. <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75251-2237	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 60/64 Rpt: 63/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 09/06/2018	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00064766 ) UPSPAC <b>6</b> Contributor address; City; State; Zip Code  Atlanta, GA 30328-3474	<b>7</b> Amount of Contribution (\$)  \$3,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 11/29/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) USAA Employee Political Action Committee Contributor address; City; State; Zip Code  San Antonio, TX 78288-0001	Amount of Contribution (\$)  \$3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/05/2018	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00010470 ) Union Pacific Corporate Fund for Effective Government Contributor address; City; State; Zip Code  Washington, DC 20005-6621	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/2018	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00101766 ) United Airlines PAC Contributor address; City; State; Zip Code  Chicago, IL 60606-7147	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/07/2018	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00274431 ) UnitedHealth Group PAC Contributor address; City; State; Zip Code  Washington, DC 20004-3610	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 61/64 Rpt: 64/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 12/07/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) University of Houston PAC <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77227-7881	<b>7</b> Amount of Contribution (\$)  \$3,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/06/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verizon Communications Inc. Good Government Club - Texas Contributor address; City; State; Zip Code  Austin, TX 78701-2557	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veterans and Civilians Brain Injury Advocates PAC Contributor address; City; State; Zip Code  Austin, TX 78746-7397	Amount of Contribution (\$)  \$3,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Lori Contributor address; City; State; Zip Code  Flower Mound, TX 75028-3150	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/11/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallach, Michael Contributor address; City; State; Zip Code  Colleyville, TX 76034-4689	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 62/64 Rpt: 65/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 10/01/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weekley, Richard <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77055-7310	<b>7</b> Amount of Contribution (\$)  \$5,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Businessman		<b>9</b> Employer (See Instructions) Weekley Homes
Date 12/03/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weekley, Richard <hr/> Contributor address; City; State; Zip Code  Houston, TX 77055-7310	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Weekley Homes
Date 07/13/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Terrence <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230-1972	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/10/2018	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00390575</u> ) WellCare PAC <hr/> Contributor address; City; State; Zip Code  Tampa, FL 33634-1143	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/18/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welsh, Dinah <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703-3609	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Texas EMS, Trauma & Acute Care Foundation

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 63/64 Rpt: 66/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 11/05/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Douglas <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76116-8416	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wholesale Beer Distributors of Texas PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-2434	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/08/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Widmer Jr., Robert <hr/> Contributor address; City; State; Zip Code  Argyle, TX 76226-2950	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/03/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Cameron <hr/> Contributor address; City; State; Zip Code  Flower Mound, TX 75028-8349	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Berkshire Hathaway Automotive
Date 09/20/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Michael <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76116-4660	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) UNT Health Science Center

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 64/64 Rpt: 67/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 07/11/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Roy <b>6</b> Contributor address; City; State; Zip Code Fort Worth, TX 76179-9219	<b>7</b> Amount of Contribution (\$) \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Trucking		<b>9</b> Employer (See Instructions) AOS American One Source
Date 09/25/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winstead PC PAC Contributor address; City; State; Zip Code Dallas, TX 75201-1743	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/11/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wray, Richard Contributor address; City; State; Zip Code Colleyville, TX 76034-5441	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/03/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yoder, Katherine Contributor address; City; State; Zip Code Dallas, TX 75219-4996	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/07/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zachry Co. PAC Contributor address; City; State; Zip Code San Antonio, TX 78265-3240	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/72 Rpt: 68/203	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 07/09/2018	<b>5</b> Payee name ADP LLC	
<b>6</b> Amount (\$) \$32.48	<b>7</b> Payee address; City; State; Zip Code 1 Adp Dr Ms 100 Augusta, GA 30909-9373	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll services
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/11/2018	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$32.48	Payee name ADP LLC Payee address; City; State; Zip Code 1 Adp Dr Ms 100 Augusta, GA 30909-9373	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/09/2018	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$32.48	Payee name ADP LLC Payee address; City; State; Zip Code 1 Adp Dr Ms 100 Augusta, GA 30909-9373	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/72 Rpt: 69/203	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 11/08/2018	<b>5</b> Payee name ADP LLC	
<b>6</b> Amount (\$) \$32.48	<b>7</b> Payee address; City; State; Zip Code 1 Adp Dr Ms 100 Augusta, GA 30909-9373	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll services
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/10/2018	Payee name ADP LLC	
Amount (\$) \$32.48	Payee address; City; State; Zip Code 1 Adp Dr Ms 100 Augusta, GA 30909-9373	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/08/2018	Payee name ADP LLC	
Amount (\$) \$32.48	Payee address; City; State; Zip Code 1 Adp Dr Ms 100 Augusta, GA 30909-9373	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/72 Rpt: 70/203	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 09/29/2018	<b>5</b> Payee name Amazon.com	
<b>6</b> Amount (\$) \$82.39	<b>7</b> Payee address; City; State; Zip Code 2250 1st Ave S  Seattle, WA 98134-1408	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event decorations
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/19/2018	Candidate/Officeholder name Office sought Office held	
Payee name Amazon.com		
Amount (\$) \$77.94	Payee address; City; State; Zip Code 2250 1st Ave S  Seattle, WA 98134-1408	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event decorations
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/06/2018	Candidate/Officeholder name Office sought Office held	
Payee name Amazon.com		
Amount (\$) \$45.75	Payee address; City; State; Zip Code 2250 1st Ave S  Seattle, WA 98134-1408	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/72 Rpt: 71/203	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 08/17/2018	<b>5</b> Payee name American Cancer Society	
<b>6</b> Amount (\$) \$2,500.00	<b>7</b> Payee address; City; State; Zip Code 3301 West Fwy  Fort Worth, TX 76107-5709	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event sponsorship
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/12/2018	Payee name American Cancer Society	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 3301 West Fwy  Fort Worth, TX 76107-5709	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/26/2018	Payee name American Express	
Amount (\$) \$12,008.95	Payee address; City; State; Zip Code PO Box 650448  Dallas, TX 75265-0448	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Christmas gifts for staff/interns
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/72 Rpt: 72/203	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 07/06/2018	<b>5</b> Payee name American Express	
<b>6</b> Amount (\$) \$6,719.05	<b>7</b> Payee address; City; State; Zip Code PO Box 650448  Dallas, TX 75265	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card payment
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/02/2018	Candidate/Officeholder name Office sought Office held	
Payee name American Express		
Amount (\$) \$27,049.67	Payee address; City; State; Zip Code PO Box 650448  Dallas, TX 75265-0448	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card payment
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/01/2018	Candidate/Officeholder name Office sought Office held	
Payee name American Express		
Amount (\$) \$9,640.53	Payee address; City; State; Zip Code PO Box 650448  Dallas, TX 75265-0448	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card payment
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/72 Rpt: 73/203	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 08/01/2018	<b>5</b> Payee name American Express	
<b>6</b> Amount (\$) \$9,091.39	<b>7</b> Payee address; City; State; Zip Code PO Box 650448  Dallas, TX 75265-0448	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card payment
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/02/2018	Payee name American Express	
Amount (\$) \$9,529.75	Payee address; City; State; Zip Code PO Box 650448  Dallas, TX 75265-0448	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card payment
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/03/2018	Payee name American Express	
Amount (\$) \$6,493.33	Payee address; City; State; Zip Code PO Box 650448  Dallas, TX 75265-0448	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card payment
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/72 Rpt: 74/203	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 11/27/2018	<b>5</b> Payee name Aubrey 380 Area Chamber of Commerce	
<b>6</b> Amount (\$) \$120.00	<b>7</b> Payee address; City; State; Zip Code 205 S Main St  Aubrey, TX 76227-5531	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense membership
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/19/2018	Payee name Aubrey 380 Area Chamber of Commerce	
Amount (\$) \$13.00	Payee address; City; State; Zip Code 205 S Main St  Aubrey, TX 76227-5531	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event registration
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2018	Payee name Balloons To You	
Amount (\$) \$344.55	Payee address; City; State; Zip Code 2152 Chenault Dr Ste B Carrollton, TX 75006-5922	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event decorations
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/72 Rpt: 75/203	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 10/17/2018	<b>5</b> Payee name Best Buy	
<b>6</b> Amount (\$) \$54.11	<b>7</b> Payee address; City; State; Zip Code 1515 W State Highway 114  Grapevine, TX 76051-8639	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense technology supplies
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/19/2018	Payee name Best Buy	
Amount (\$) \$129.89	Payee address; City; State; Zip Code 1515 W State Highway 114  Grapevine, TX 76051-8639	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense technology equipment
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/24/2018	Payee name Big Frog Custom T-Shirts	
Amount (\$) \$5,756.73	Payee address; City; State; Zip Code 3120 Justin Rd  Highland Village, TX 75077-7035	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense promotional items
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/72 Rpt: 76/203	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 10/17/2018	<b>5</b> Payee name Buda, Susie	
<b>6</b> Amount (\$) \$227.50	<b>7</b> Payee address; City; State; Zip Code 8000 Willet Trl  Austin, TX 78745-7549	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff mileage
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/08/2018	Payee name Candidate Resource Committee	
Amount (\$) \$10,000.00	Payee address; City; State; Zip Code PO Box 2206  Austin, TX 78768-2206	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/11/2018	Payee name Capitol Extension Gift Shop	
Amount (\$) \$1,659.47	Payee address; City; State; Zip Code 1400 Congress Ave # E1.006 Austin, TX 78701-1932	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gifts for constituents
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 12/07/2018	<b>5</b> Payee name Capitol Extension Gift Shop	
<b>6</b> Amount (\$) \$134.23	<b>7</b> Payee address; City; State; Zip Code 1400 Congress Ave # E1.006 Austin, TX 78701-1932	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gifts for constituents
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/16/2018	Payee name Capitol Extension Gift Shop	
Amount (\$) \$59.54	Payee address; City; State; Zip Code 1400 Congress Ave # E1.006 Austin, TX 78701-1932	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gifts for volunteers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/19/2018	Payee name Capitol Extension Gift Shop	
Amount (\$) \$37.73	Payee address; City; State; Zip Code 1400 Congress Ave # E1.006 Austin, TX 78701-1932	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gifts for constituents
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 11/26/2018	<b>5</b> Payee name Capitol Extension Gift Shop	
<b>6</b> Amount (\$) \$89.66	<b>7</b> Payee address; City; State; Zip Code 1400 Congress Ave # E1.006 Austin, TX 78701-1932	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gifts for constituents
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2018	Payee name Capitol Extension Gift Shop	
Amount (\$) \$324.75	Payee address; City; State; Zip Code 1400 Congress Ave # E1.006 Austin, TX 78701-1932	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense items for charitable donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/09/2018	Payee name Capitol Extension Gift Shop	
Amount (\$) \$27.06	Payee address; City; State; Zip Code 1400 Congress Ave # E1.006 Austin, TX 78701-1932	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gifts for staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 12/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 10/04/2018	<b>5</b> Payee name Circle R Ranch	
<b>6</b> Amount (\$) \$6,478.66	<b>7</b> Payee address; City; State; Zip Code 5901 Cross Timbers Rd  Flower Mound, TX 75022-3142	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense site rental
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/19/2018	Payee name Costco Wholesale	
Amount (\$) \$25.74	Payee address; City; State; Zip Code 4301 W William Cannon Dr  Austin, TX 78749-1473	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/08/2018	Payee name Costco Wholesale	
Amount (\$) \$184.01	Payee address; City; State; Zip Code 2601 E State Highway 114  Southlake, TX 76092-6668	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 13/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 11/10/2018	<b>5</b> Payee name Costco Wholesale	
<b>6</b> Amount (\$) \$84.00	<b>7</b> Payee address; City; State; Zip Code 10401 Research Blvd  Austin, TX 78759-5712	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/22/2018	Payee name Costco Wholesale	
Amount (\$) \$1,058.37	Payee address; City; State; Zip Code 4301 W William Cannon Dr  Austin, TX 78749-1473	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gifts for staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/15/2018	Payee name Costco Wholesale	
Amount (\$) \$139.22	Payee address; City; State; Zip Code 10401 Research Blvd  Austin, TX 78759-5712	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 14/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 08/24/2018	<b>5</b> Payee name Costco Wholesale	
<b>6</b> Amount (\$) \$220.93	<b>7</b> Payee address; City; State; Zip Code 10401 Research Blvd  Austin, TX 78759-5712	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/02/2018	Payee name Cross Timbers Rotary Club	
Amount (\$) \$182.00	Payee address; City; State; Zip Code 700 Parker Sq Ste 100A Flower Mound, TX 75028-7448	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense membership
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/20/2018	Payee name Cross Timbers Rotary Club	
Amount (\$) \$214.00	Payee address; City; State; Zip Code 700 Parker Sq Ste 100A Flower Mound, TX 75028-7448	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense membership
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 15/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 07/25/2018	<b>5</b> Payee name D.L. Rogers Corp	
<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address; City; State; Zip Code 1225 S Main St Ste 300 Grapevine, TX 76051-5647	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Grapevine lease
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/23/2018	Payee name D.L. Rogers Corp	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 1225 S Main St Ste 300 Grapevine, TX 76051-5647	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Grapevine lease
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/24/2018	Payee name D.L. Rogers Corp	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 1225 S Main St Ste 300 Grapevine, TX 76051-5647	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Grapevine lease
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 16/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 10/25/2018	<b>5</b> Payee name D.L. Rogers Corp	
<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address; City; State; Zip Code 1225 S Main St Ste 300 Grapevine, TX 76051-5647	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Grapevine lease
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/21/2018	Payee name D.L. Rogers Corp	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 1225 S Main St Ste 300 Grapevine, TX 76051-5647	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Grapevine lease
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2018	Payee name D.L. Rogers Corp	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 1225 S Main St Ste 300 Grapevine, TX 76051-5647	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Grapevine lease
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 17/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 09/21/2018	<b>5</b> Payee name David Trantham Campaign	
<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address; City; State; Zip Code PO Box 1255  Denton, TX 76202-1255	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/21/2018	Payee name Dianne Edmondson Campaign	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 8913 Crestview Drive  Denton, TX 76207-8603	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2018	Payee name Diehl, Bonnie	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 5200 Gaston Ave Apt 205 Dallas, TX 75214-5274	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff mileage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 18/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 11/16/2018	<b>5</b> Payee name Diehl, Bonnie	
<b>6</b> Amount (\$) \$25.00	<b>7</b> Payee address; City; State; Zip Code 5200 Gaston Ave Apt 205 Dallas, TX 75214-5274	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff mileage
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/20/2018	Payee name Diehl, Bonnie	
Amount (\$) \$22.00	Payee address; City; State; Zip Code 5200 Gaston Ave Apt 205 Dallas, TX 75214-5274	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff mileage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/26/2018	Payee name Diehl, Bonnie	
Amount (\$) \$15.00	Payee address; City; State; Zip Code 5200 Gaston Ave Apt 205 Dallas, TX 75214-5274	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff mileage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 19/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 11/13/2018	<b>5</b> Payee name Diehl, Bonnie	
<b>6</b> Amount (\$) \$25.00	<b>7</b> Payee address; City; State; Zip Code 5200 Gaston Ave Apt 205 Dallas, TX 75214-5274	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff mileage
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/05/2018	Payee name Doubletree Hotel	
Amount (\$) \$157.23	Payee address; City; State; Zip Code 303 W 15th St  Austin, TX 78701-1622	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff lodging
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/19/2018	Payee name Drastata, Danielle	
Amount (\$) \$229.25	Payee address; City; State; Zip Code 1865 Crystal Springs Rd  New Braunfels, TX 78130-3001	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff mileage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 20/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 09/26/2018	<b>5</b> Payee name Etsy.com	
<b>6</b> Amount (\$) \$111.60	<b>7</b> Payee address; City; State; Zip Code 117 Adams St  Brooklyn, NY 11201-1401	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event decorations
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/10/2018	Payee name Fletcher, Kevin	
Amount (\$) \$1,300.00	Payee address; City; State; Zip Code 1313 E 52nd St Apt 201 Austin, TX 78723-3001	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense salary/housing stipend
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/01/2018	Payee name Fletcher, Kevin	
Amount (\$) \$29.00	Payee address; City; State; Zip Code 1313 E 52nd St Apt 201 Austin, TX 78723-3001	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff mileage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 21/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 10/04/2018	<b>5</b> Payee name Fletcher, Kevin	
<b>6</b> Amount (\$) \$29.00	<b>7</b> Payee address; City; State; Zip Code 1313 E 52nd St Apt 201 Austin, TX 78723-3001	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff mileage
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2018	Payee name Fletcher, Kevin	
Amount (\$) \$29.00	Payee address; City; State; Zip Code 1313 E 52nd St Apt 201 Austin, TX 78723-3001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff mileage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/15/2018	Payee name Flower Mound Chamber of Commerce	
Amount (\$) \$8,000.00	Payee address; City; State; Zip Code 700 Parker Sq Ste 100 Flower Mound, TX 75028-7448	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 22/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 10/28/2018	<b>5</b> Payee name Flower Mound Chamber of Commerce	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 700 Parker Sq Ste 100 Flower Mound, TX 75028-7448	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/28/2018	Payee name Flower Mound Chamber of Commerce	
Amount (\$) \$5.00	Payee address; City; State; Zip Code 700 Parker Sq Ste 100 Flower Mound, TX 75028-7448	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event registration
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/15/2018	Payee name Flower Mound Chamber of Commerce	
Amount (\$) \$175.00	Payee address; City; State; Zip Code 700 Parker Sq Ste 100 Flower Mound, TX 75028-7448	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense membership
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 23/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 08/27/2018	<b>5</b> Payee name Fort Worth Chamber of Commerce	
<b>6</b> Amount (\$) \$75.00	<b>7</b> Payee address; City; State; Zip Code 777 Taylor St  Fort Worth, TX 76102-4919	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event registration
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2018	Payee name Fort Worth Chamber of Commerce	
Amount (\$) \$45.00	Payee address; City; State; Zip Code 777 Taylor St  Fort Worth, TX 76102-4919	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event registration
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/09/2018	Payee name Fort Worth Chamber of Commerce	
Amount (\$) \$45.00	Payee address; City; State; Zip Code 777 Taylor St  Fort Worth, TX 76102-4919	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event registration
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 24/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 09/17/2018	<b>5</b> Payee name Friends of Pete Flores for Texas Senate	
<b>6</b> Amount (\$) \$5,000.00	<b>7</b> Payee address; City; State; Zip Code 111 Live Oak Drive  Pleasanton, TX 78064-1513	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/25/2018	Payee name Frisco Chamber of Commerce	
Amount (\$) \$60.00	Payee address; City; State; Zip Code 6843 Main St  Frisco, TX 75034-4220	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event registration
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/17/2018	Payee name Frisco Chamber of Commerce	
Amount (\$) \$275.00	Payee address; City; State; Zip Code 6843 Main St  Frisco, TX 75034-4220	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense membership
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 25/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 11/29/2018	<b>5</b> Payee name Frisco Printing & Graphics Center	
<b>6</b> Amount (\$) \$12,577.78	<b>7</b> Payee address; City; State; Zip Code 8585 John Wesley Dr  Frisco, TX 75034-5687	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/05/2018	Payee name Frisco Printing & Graphics Center	
Amount (\$) \$13,064.97	Payee address; City; State; Zip Code 8585 John Wesley Dr  Frisco, TX 75034-5687	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/17/2018	Payee name Frontier Communications	
Amount (\$) \$244.21	Payee address; City; State; Zip Code PO Box 5157  Tampa, FL 33675-5157	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communications
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 26/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 07/16/2018	<b>5</b> Payee name Frontier Communications	
<b>6</b> Amount (\$) \$239.02	<b>7</b> Payee address; City; State; Zip Code PO Box 5157  Tampa, FL 33675-5157	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communications
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/14/2018	Payee name Frontier Communications	
Amount (\$) \$244.21	Payee address; City; State; Zip Code PO Box 5157  Tampa, FL 33675-5157	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communications
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/14/2018	Payee name Frontier Communications	
Amount (\$) \$242.25	Payee address; City; State; Zip Code PO Box 5157  Tampa, FL 33675-5157	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communications
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 27/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 10/15/2018	<b>5</b> Payee name Frontier Communications	
<b>6</b> Amount (\$) \$242.25	<b>7</b> Payee address; City; State; Zip Code PO Box 5157  Tampa, FL 33675-5157	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communications
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/14/2018	Candidate/Officeholder name Office sought Office held	
Payee name Frontier Communications		
Amount (\$) \$242.25	Payee address; City; State; Zip Code PO Box 5157  Tampa, FL 33675-5157	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communications
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/01/2018	Candidate/Officeholder name Office sought Office held	
Payee name Gen 2 Jazz		
Amount (\$) \$1,200.00	Payee address; City; State; Zip Code 9300 Crestview Dr  Denton, TX 76207-6765	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense entertainment
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 28/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 10/17/2018	<b>5</b> Payee name Goodrich, Kate	
<b>6</b> Amount (\$) \$221.50	<b>7</b> Payee address; City; State; Zip Code 3401 Red River St Apt 224 Austin, TX 78705-2624	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff mileage
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/17/2018	Payee name Grapevine Chamber of Commerce	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 200 Vine St  Grapevine, TX 76051-5593	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event registration
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/17/2018	Payee name Grapevine Chamber of Commerce	
Amount (\$) \$20.00	Payee address; City; State; Zip Code 200 Vine St  Grapevine, TX 76051-5593	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event registration
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 29/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 08/23/2018	<b>5</b> Payee name Grapevine Chamber of Commerce	
<b>6</b> Amount (\$) \$40.00	<b>7</b> Payee address; City; State; Zip Code 200 Vine St  Grapevine, TX 76051-5593	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event registration
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/31/2018	Payee name Grapevine Chamber of Commerce	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 200 Vine St  Grapevine, TX 76051-5593	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event registration
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/10/2018	Payee name Grapevine Chamber of Commerce	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 200 Vine St  Grapevine, TX 76051-5593	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event registration
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 30/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 09/21/2018	<b>5</b> Payee name Harris Hughey Campaign	
<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address; City; State; Zip Code 1608 Airport Freeway, Ste. 300  Bedford, TX 76022-6870	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/16/2018	Payee name Holder, Austin	
Amount (\$) \$219.00	Payee address; City; State; Zip Code 8712 Tallwood Dr  Austin, TX 78759-7542	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff mileage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/26/2018	Payee name Home Goods	
Amount (\$) \$34.59	Payee address; City; State; Zip Code 12700 Shops Pky Ste #300  Austin, TX 78738-6598	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office furnishings
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 31/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 10/23/2018	<b>5</b> Payee name Home Goods	
<b>6</b> Amount (\$) \$27.05	<b>7</b> Payee address; City; State; Zip Code 12700 Shops Pky Ste #300  Austin, TX 78738-6598	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office furnishings
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/19/2018	Payee name Home Goods	
Amount (\$) \$63.81	Payee address; City; State; Zip Code 12700 Shops Pky Ste #300  Austin, TX 78738-6598	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office furnishings
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/21/2018	Payee name IVC Media LLC	
Amount (\$) \$97.50	Payee address; City; State; Zip Code 2700 Adams Ave Ste 200 San Diego, CA 92116-1367	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online outreach
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 32/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 07/09/2018	<b>5</b> Payee name IVC Media LLC	
<b>6</b> Amount (\$) \$3,000.00	<b>7</b> Payee address; City; State; Zip Code 2700 Adams Ave Ste 200 San Diego, CA 92116-1367	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online outreach
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/07/2018	Payee name IVC Media LLC	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 2700 Adams Ave Ste 200 San Diego, CA 92116-1367	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online outreach
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/21/2018	Payee name IVC Media LLC	
Amount (\$) \$97.50	Payee address; City; State; Zip Code 2700 Adams Ave Ste 200 San Diego, CA 92116-1367	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online outreach
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 33/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 09/07/2018	<b>5</b> Payee name IVC Media LLC	
<b>6</b> Amount (\$) \$3,000.00	<b>7</b> Payee address; City; State; Zip Code 2700 Adams Ave Ste 200 San Diego, CA 92116-1367	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online outreach
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/21/2018	Payee name IVC Media LLC	
Amount (\$) \$97.50	Payee address; City; State; Zip Code 2700 Adams Ave Ste 200 San Diego, CA 92116-1367	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online outreach
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/21/2018	Payee name IVC Media LLC	
Amount (\$) \$97.50	Payee address; City; State; Zip Code 2700 Adams Ave Ste 200 San Diego, CA 92116-1367	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online outreach
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 34/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 12/10/2018	<b>5</b> Payee name IVC Media LLC	
<b>6</b> Amount (\$) \$3,000.00	<b>7</b> Payee address; City; State; Zip Code 2700 Adams Ave Ste 200 San Diego, CA 92116-1367	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online outreach
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/21/2018	Payee name IVC Media LLC	
Amount (\$) \$97.50	Payee address; City; State; Zip Code 2700 Adams Ave Ste 200 San Diego, CA 92116-1367	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online outreach
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/21/2018	Payee name IVC Media LLC	
Amount (\$) \$97.50	Payee address; City; State; Zip Code 2700 Adams Ave Ste 200 San Diego, CA 92116-1367	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online outreach
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 35/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 11/08/2018	<b>5</b> Payee name IVC Media LLC	
<b>6</b> Amount (\$) \$3,000.00	<b>7</b> Payee address; City; State; Zip Code 2700 Adams Ave Ste 200 San Diego, CA 92116-1367	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online outreach
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/21/2018	Payee name Internal Revenue Service	
Amount (\$) \$17.40	Payee address; City; State; Zip Code 1100 Commerce St  Dallas, TX 75242-1001	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/25/2018	Payee name Internal Revenue Service	
Amount (\$) \$17.40	Payee address; City; State; Zip Code 1100 Commerce St  Dallas, TX 75242-1001	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 36/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 11/20/2018	<b>5</b> Payee name Internal Revenue Service	
<b>6</b> Amount (\$) \$17.40	<b>7</b> Payee address; City; State; Zip Code 1100 Commerce St  Dallas, TX 75242-1001	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense taxes
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/21/2018	Payee name Internal Revenue Service	
Amount (\$) \$17.40	Payee address; City; State; Zip Code 1100 Commerce St  Dallas, TX 75242-1001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2018	Payee name Internal Revenue Service	
Amount (\$) \$17.40	Payee address; City; State; Zip Code 1100 Commerce St  Dallas, TX 75242-1001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 37/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 07/24/2018	<b>5</b> Payee name Internal Revenue Service	
<b>6</b> Amount (\$) \$17.40	<b>7</b> Payee address; City; State; Zip Code 1100 Commerce St  Dallas, TX 75242-1001	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense taxes
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/08/2018	Payee name Jackson, Breanne	
Amount (\$) \$18.70	Payee address; City; State; Zip Code 1509 Westview Ln  Northlake, TX 76226-1467	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff mileage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/19/2018	Payee name Jackson, Breanne	
Amount (\$) \$230.87	Payee address; City; State; Zip Code 1509 Westview Ln  Northlake, TX 76226-1467	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 38/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 09/24/2018	<b>5</b> Payee name Jackson, Breanne	
<b>6</b> Amount (\$) \$230.87	<b>7</b> Payee address; City; State; Zip Code 1509 Westview Ln  Northlake, TX 76226-1467	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense salary
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/13/2018	Payee name Jackson, Breanne	
Amount (\$) \$18.70	Payee address; City; State; Zip Code 1509 Westview Ln  Northlake, TX 76226-1467	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff mileage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/10/2018	Payee name Jackson, Breanne	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 1509 Westview Ln  Northlake, TX 76226-1467	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 39/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 08/16/2018	<b>5</b> Payee name Jackson, Breanne	
<b>6</b> Amount (\$) \$14.60	<b>7</b> Payee address; City; State; Zip Code 1509 Westview Ln  Northlake, TX 76226-1467	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff mileage
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/15/2018	Payee name Jackson, Breanne	
Amount (\$) \$18.70	Payee address; City; State; Zip Code 1509 Westview Ln  Northlake, TX 76226-1467	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff mileage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/19/2018	Payee name Jackson, Breanne	
Amount (\$) \$25.30	Payee address; City; State; Zip Code 1509 Westview Ln  Northlake, TX 76226-1467	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff mileage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 40/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 12/20/2018	<b>5</b> Payee name Jackson, Breanne	
<b>6</b> Amount (\$) \$9.35	<b>7</b> Payee address; City; State; Zip Code 1509 Westview Ln  Northlake, TX 76226-1467	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff mileage
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/14/2018	Payee name Jackson, Breanne	
Amount (\$) \$23.90	Payee address; City; State; Zip Code 1509 Westview Ln  Northlake, TX 76226-1467	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff mileage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/23/2018	Payee name Jackson, Breanne	
Amount (\$) \$230.87	Payee address; City; State; Zip Code 1509 Westview Ln  Northlake, TX 76226-1467	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 41/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 10/24/2018	<b>5</b> Payee name Jackson, Breanne	
<b>6</b> Amount (\$) \$230.88	<b>7</b> Payee address; City; State; Zip Code 1509 Westview Ln  Northlake, TX 76226-1467	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense salary
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/20/2018	Payee name Jackson, Breanne	
Amount (\$) \$230.88	Payee address; City; State; Zip Code 1509 Westview Ln  Northlake, TX 76226-1467	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/26/2018	Payee name Jackson, Breanne	
Amount (\$) \$18.70	Payee address; City; State; Zip Code 1509 Westview Ln  Northlake, TX 76226-1467	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff mileage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 42/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 12/20/2018	<b>5</b> Payee name Jackson, Breanne	
<b>6</b> Amount (\$) \$230.88	<b>7</b> Payee address; City; State; Zip Code 1509 Westview Ln  Northlake, TX 76226-1467	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense salary
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/07/2018	Payee name Jackson, Breanne	
Amount (\$) \$18.70	Payee address; City; State; Zip Code 1509 Westview Ln  Northlake, TX 76226-1467	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff mileage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/21/2018	Payee name James DePiazza Campaign	
Amount (\$) \$250.00	Payee address; City; State; Zip Code PO Box 560752  The Colony, TX 75056-0752	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 43/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 09/21/2018	<b>5</b> Payee name James Kerbow Campaign	
<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address; City; State; Zip Code 2219 Mallard Court  Lewisville, TX 75077-7670	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/21/2018	Payee name JoAnn Fabric	
Amount (\$) \$45.00	Payee address; City; State; Zip Code 1250 William D Tate Ave  Grapevine, TX 76051-4030	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/03/2018	Payee name JoAnn Fabric	
Amount (\$) \$62.66	Payee address; City; State; Zip Code 1250 William D Tate Ave  Grapevine, TX 76051-4030	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event decorations
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 44/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 09/21/2018	<b>5</b> Payee name Joe Holland Campaign	
<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address; City; State; Zip Code 304 El Paseo  Denton, TX 76205-8564	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/26/2018	Payee name Konni Burton for Texas State Senate	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code P.O. Box 1246  Colleyville, TX 76034-1246	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/04/2018	Payee name Kowboy Kal	
Amount (\$) \$650.00	Payee address; City; State; Zip Code 120 Hill St  Keller, TX 76248-2235	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense entertainment
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 45/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 07/27/2018	<b>5</b> Payee name Lake Cities Chamber of Commerce	
<b>6</b> Amount (\$) \$150.00	<b>7</b> Payee address; City; State; Zip Code PO Box 1028  Lake Dallas, TX 75065-1028	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense membership
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/10/2018	Payee name Lake Cities Chamber of Commerce	
Amount (\$) \$15.00	Payee address; City; State; Zip Code PO Box 1028  Lake Dallas, TX 75065-1028	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event registration
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/22/2018	Payee name Lenovo	
Amount (\$) \$1,082.49	Payee address; City; State; Zip Code 1009 Think Place  Morrisville, NC 27560-9002	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense technology equipment
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 46/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 10/01/2018	<b>5</b> Payee name Lewisville ISD Education Foundation	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code PO Box 643  Lewisville, TX 75067-0643	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense charitable donation
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/11/2018	Payee name Lone Star Imprints	
Amount (\$) \$11,848.41	Payee address; City; State; Zip Code 530 Bedford Rd Ste 220 Bedford, TX 76022-6556	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense promotional items
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/29/2018	Payee name Lone Star Imprints	
Amount (\$) \$6,258.03	Payee address; City; State; Zip Code 530 Bedford Rd Ste 220 Bedford, TX 76022-6556	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense promotional items
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 47/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 09/17/2018	<b>5</b> Payee name Marcus Golf Booster Club	
<b>6</b> Amount (\$) \$850.00	<b>7</b> Payee address; City; State; Zip Code 5707 Morriss Rd  Flower Mound, TX 75028-3730	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event sponsorship
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/05/2018	Payee name McConnell, Michelle	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 1000 Henderson St Apt 101 Fort Worth, TX 76102-4563	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event planning
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/04/2018	Payee name McConnell, Michelle	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 1000 Henderson St Apt 101 Fort Worth, TX 76102-4563	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event planning
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 48/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 09/05/2018	<b>5</b> Payee name McConnell, Michelle	
<b>6</b> Amount (\$) \$3,000.00	<b>7</b> Payee address; City; State; Zip Code 1000 Henderson St Apt 101 Fort Worth, TX 76102-4563	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event planning
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/03/2018	Payee name McConnell, Michelle	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 1000 Henderson St Apt 101 Fort Worth, TX 76102-4563	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event planning
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/04/2018	Payee name McCullough, Tina	
Amount (\$) \$300.00	Payee address; City; State; Zip Code PO Box 78  Kemp, TX 75143-0078	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense entertainment
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 49/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 08/17/2018	<b>5</b> Payee name Metroplex Republican Women	
<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address; City; State; Zip Code c/o Kelly Cottam 4512 Lakeside Drive Colleyville, TX 76034-4526	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event sponsorship
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/24/2018	Payee name Michael Burgess for Congress	
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO Box 2334  Denton, TX 76202-2334	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/24/2018	Payee name Michaels Store	
Amount (\$) \$170.47	Payee address; City; State; Zip Code 10225 Research Blvd Ste 2000 Austin, TX 78759-5750	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 50/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 09/21/2018	<b>5</b> Payee name Mike Oglesby Campaign	
<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address; City; State; Zip Code PO Box 182  Aubrey, TX 76227-0182	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/19/2018	Payee name Mitchell, Cindy	
Amount (\$) \$223.50	Payee address; City; State; Zip Code 10817 W Highway 71  Austin, TX 78735-9609	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff mileage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/10/2018	Payee name Nelson, David	
Amount (\$) \$10,000.00	Payee address; City; State; Zip Code 3008 Pinecrest Dr  Austin, TX 78757-2018	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 51/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 09/19/2018	<b>5</b> Payee name Northwest Tarrant Chamber of Commerce	
<b>6</b> Amount (\$) \$20.00	<b>7</b> Payee address; City; State; Zip Code 3918 Telephone Rd Ste 200 Fort Worth, TX 76135-2935	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event registration
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/13/2018	Payee name Northwest Tarrant Chamber of Commerce	
Amount (\$) \$235.00	Payee address; City; State; Zip Code 3918 Telephone Rd Ste 200 Fort Worth, TX 76135-2935	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense membership
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/15/2018	Payee name Office Depot	
Amount (\$) \$130.97	Payee address; City; State; Zip Code 1317 W State Highway 114  Grapevine, TX 76051-8616	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 52/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 07/02/2018	<b>5</b> Payee name Office Depot	
<b>6</b> Amount (\$) \$11.14	<b>7</b> Payee address; City; State; Zip Code 1317 W State Highway 114  Grapevine, TX 76051-8616	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/04/2018	Payee name Office Depot	
Amount (\$) \$12.98	Payee address; City; State; Zip Code 1317 W State Highway 114  Grapevine, TX 76051-8616	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/03/2018	Payee name Office Depot	
Amount (\$) \$16.17	Payee address; City; State; Zip Code 1317 W State Highway 114  Grapevine, TX 76051-8616	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 53/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 09/13/2018	<b>5</b> Payee name Office Depot	
<b>6</b> Amount (\$) \$99.58	<b>7</b> Payee address; City; State; Zip Code 1317 W State Highway 114  Grapevine, TX 76051-8616	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/28/2018	Payee name PayPal	
Amount (\$) \$274.89	Payee address; City; State; Zip Code PO Box 45950  Omaha, NE 68145-0950	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees for credit card transactions
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/31/2018	Payee name PayPal	
Amount (\$) \$213.55	Payee address; City; State; Zip Code PO Box 45950  Omaha, NE 68145-0950	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees for credit card transactions
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 54/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 10/31/2018	<b>5</b> Payee name PayPal	
<b>6</b> Amount (\$) \$114.69	<b>7</b> Payee address; City; State; Zip Code PO Box 45950  Omaha, NE 68145-0950	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees for credit card transactions
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/31/2018	Payee name PayPal	
Amount (\$) \$289.48	Payee address; City; State; Zip Code PO Box 45950  Omaha, NE 68145-0950	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees for credit card transactions
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/19/2018	Payee name Pedi Place	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 502 S Old Orchard Ln Ste 126 Lewisville, TX 75067-4374	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 55/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 08/21/2018	<b>5</b> Payee name Re-Elect Ron Marchant Campaign	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 1828 Melton Drive  Carrollton, TX 75010-2020	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/30/2018	Payee name Saginaw Area Chamber of Commerce	
Amount (\$) \$125.00	Payee address; City; State; Zip Code 301 S Saginaw Blvd  Saginaw, TX 76179-1640	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense membership
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/19/2018	Payee name Saginaw Area Chamber of Commerce	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 301 S Saginaw Blvd  Saginaw, TX 76179-1640	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 56/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 08/02/2018	<b>5</b> Payee name Saginaw Area Chamber of Commerce	
<b>6</b> Amount (\$) \$15.00	<b>7</b> Payee address; City; State; Zip Code 301 S Saginaw Blvd  Saginaw, TX 76179-1640	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event registration
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/25/2018	Payee name Saginaw Area Chamber of Commerce	
Amount (\$) \$15.00	Payee address; City; State; Zip Code 301 S Saginaw Blvd  Saginaw, TX 76179-1640	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event registration
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/15/2018	Payee name Sam's Club Warehouse	
Amount (\$) \$34.14	Payee address; City; State; Zip Code 9700 N Capital of Texas Hwy  Austin, TX 78759-5819	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 57/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 09/14/2018	<b>5</b> Payee name Sam's Club Warehouse	
<b>6</b> Amount (\$) \$153.49	<b>7</b> Payee address; City; State; Zip Code 9700 N Capital of Texas Hwy  Austin, TX 78759-5819	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/04/2018	Payee name Schlackman, Stu	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 800 E Campbell Rd Ste 100 Richardson, TX 75081-1841	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff development
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2018	Payee name Senate Ladies Club	
Amount (\$) \$350.00	Payee address; City; State; Zip Code PO Box 12068  Austin, TX 78711-2068	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Senate Ladies Dinner
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 58/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 10/16/2018	<b>5</b> Payee name Senate Ladies Club	
<b>6</b> Amount (\$) \$50.00	<b>7</b> Payee address; City; State; Zip Code PO Box 12068  Austin, TX 78711-2068	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense member dues
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/04/2018	Payee name Shipley, Steve	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 800 E Campbell Rd Ste 137 Richardson, TX 75081-1841	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense photography services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/17/2018	Payee name Southlake Chamber of Commerce	
Amount (\$) \$45.00	Payee address; City; State; Zip Code 1501 Corporate Cir Ste 100 Southlake, TX 76092-5957	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event registration
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 59/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 08/31/2018	<b>5</b> Payee name Staples	
<b>6</b> Amount (\$) \$336.12	<b>7</b> Payee address; City; State; Zip Code 1201 Barbara Jordan Blvd Ste 700 Austin, TX 78723-3151	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2018	Payee name Staples	
Amount (\$) \$38.96	Payee address; City; State; Zip Code 1201 Barbara Jordan Blvd Ste 700 Austin, TX 78723-3151	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/23/2018	Payee name TDCJ	
Amount (\$) \$140.73	Payee address; City; State; Zip Code PO Box 4013  Huntsville, TX 77342-4013	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense item for charitable auction
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 60/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 08/17/2018	<b>5</b> Payee name Target	
<b>6</b> Amount (\$) \$32.89	<b>7</b> Payee address; City; State; Zip Code 1101 Ira E Woods Ave  Grapevine, TX 76051-4020	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/27/2018	Payee name Target	
Amount (\$) \$29.26	Payee address; City; State; Zip Code 1101 Ira E Woods Ave  Grapevine, TX 76051-4020	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/20/2018	Payee name Target	
Amount (\$) \$15.67	Payee address; City; State; Zip Code 10107 Research Blvd  Austin, TX 78759-5803	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 61/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 10/04/2018	<b>5</b> Payee name Target	
<b>6</b> Amount (\$) \$21.93	<b>7</b> Payee address; City; State; Zip Code 1101 Ira E Woods Ave  Grapevine, TX 76051-4020	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/10/2018	Payee name Target	
Amount (\$) \$9.62	Payee address; City; State; Zip Code 1101 Ira E Woods Ave  Grapevine, TX 76051-4020	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/07/2018	Payee name Target	
Amount (\$) \$127.69	Payee address; City; State; Zip Code 1801 S Loop 288  Denton, TX 76205-4801	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense items for charitable donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 62/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 12/19/2018	<b>5</b> Payee name Target	
<b>6</b> Amount (\$) \$89.83	<b>7</b> Payee address; City; State; Zip Code 1101 Ira E Woods Ave  Grapevine, TX 76051-4020	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2018	Payee name Target	
Amount (\$) \$26.82	Payee address; City; State; Zip Code 1101 Ira E Woods Ave  Grapevine, TX 76051-4020	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/16/2018	Payee name Texas Senate	
Amount (\$) \$45.00	Payee address; City; State; Zip Code PO Box 12068  Austin, TX 78711-2068	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation for Senate charity
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 63/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 12/17/2018	<b>5</b> Payee name Texas Senate	
<b>6</b> Amount (\$) \$950.00	<b>7</b> Payee address; City; State; Zip Code PO Box 12068  Austin, TX 78711-2068	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Senate members lounge fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/09/2018	Payee name Texas Senate	
Amount (\$) \$66.50	Payee address; City; State; Zip Code PO Box 12068  Austin, TX 78711-2068	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/27/2018	Payee name Texas Senate	
Amount (\$) \$517.50	Payee address; City; State; Zip Code PO Box 12068  Austin, TX 78711-2068	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 64/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 10/09/2018	<b>5</b> Payee name Texas Senate	
<b>6</b> Amount (\$) \$30.00	<b>7</b> Payee address; City; State; Zip Code PO Box 12068  Austin, TX 78711-2068	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/13/2018	Payee name Texas Strong Republican Women	
Amount (\$) \$100.00	Payee address; City; State; Zip Code c/o Susan Parker 8816 Crestview Drive Denton, TX 76207-8600	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense membership
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/06/2018	Payee name Texas Strong Republican Women	
Amount (\$) \$12.00	Payee address; City; State; Zip Code c/o Susan Parker 8816 Crestview Drive Denton, TX 76207-8600	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event registration
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 65/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 07/21/2018	<b>5</b> Payee name UBER	
<b>6</b> Amount (\$) \$8.37	<b>7</b> Payee address; City; State; Zip Code 1455 Market St  San Francisco, CA 94103-1331	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ride share fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/02/2018	Payee name UBER	
Amount (\$) \$97.21	Payee address; City; State; Zip Code 1455 Market St  San Francisco, CA 94103-1331	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff mileage/ride share fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/15/2018	Payee name UBER	
Amount (\$) \$43.59	Payee address; City; State; Zip Code 1455 Market St  San Francisco, CA 94103-1331	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ride share fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 66/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 12/04/2018	<b>5</b> Payee name UBER	
<b>6</b> Amount (\$) \$13.13	<b>7</b> Payee address; City; State; Zip Code 1455 Market St  San Francisco, CA 94103-1331	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff mileage/ride share fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/11/2018	Payee name United States Postal Service	
Amount (\$) \$8.05	Payee address; City; State; Zip Code 1251 William D Tate Ave  Grapevine, TX 76051-4000	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense postage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/18/2018	Payee name United States Postal Service	
Amount (\$) \$1.15	Payee address; City; State; Zip Code 1251 William D Tate Ave  Grapevine, TX 76051-4000	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense postage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 67/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 12/19/2018	<b>5</b> Payee name United States Postal Service	
<b>6</b> Amount (\$) \$14.00	<b>7</b> Payee address; City; State; Zip Code 1251 William D Tate Ave  Grapevine, TX 76051-4000	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense postage
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/14/2018	Payee name United States Postal Service	
Amount (\$) \$39.00	Payee address; City; State; Zip Code 1251 William D Tate Ave  Grapevine, TX 76051-4000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense postage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/19/2018	Payee name Walmart	
Amount (\$) \$140.96	Payee address; City; State; Zip Code 710 E Ben White Blvd  Austin, TX 78704-7404	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gifts for central staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 68/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 08/24/2018	<b>5</b> Payee name Ware, Michael & Anne	
<b>6</b> Amount (\$) \$4,000.00	<b>7</b> Payee address; City; State; Zip Code 3204 Riverwood Dr  Fort Worth, TX 76116-9560	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Austin lease
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/24/2018	Candidate/Officeholder name Ware, Michael & Anne	
Amount (\$) \$4,000.00	Office sought Office held	
	Payee name Ware, Michael & Anne	
	Payee address; City; State; Zip Code 3204 Riverwood Dr  Fort Worth, TX 76116-9560	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Austin lease
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/21/2018	Candidate/Officeholder name Ware, Michael & Anne	
Amount (\$) \$4,000.00	Office sought Office held	
	Payee name Ware, Michael & Anne	
	Payee address; City; State; Zip Code 3204 Riverwood Dr  Fort Worth, TX 76116-9560	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Austin lease
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 69/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 07/25/2018	<b>5</b> Payee name Ware, Michael & Anne	
<b>6</b> Amount (\$) \$4,000.00	<b>7</b> Payee address; City; State; Zip Code 3204 Riverwood Dr  Fort Worth, TX 76116-9560	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Austin lease
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/25/2018	Payee name Ware, Michael & Anne	
Amount (\$) \$4,000.00	Payee address; City; State; Zip Code 3204 Riverwood Dr  Fort Worth, TX 76116-9560	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Austin lease
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/18/2018	Payee name Ware, Michael & Anne	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 3204 Riverwood Dr  Fort Worth, TX 76116-9560	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Austin lease deposit
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 70/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 11/23/2018	<b>5</b> Payee name Ware, Michael & Anne	
<b>6</b> Amount (\$) \$4,000.00	<b>7</b> Payee address; City; State; Zip Code 3204 Riverwood Dr  Fort Worth, TX 76116-9560	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Austin lease
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/18/2018	Payee name West Tarrant Chamber of Commerce	
Amount (\$) \$15.00	Payee address; City; State; Zip Code PO Box 10005  Fort Worth, TX 76114-0005	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event registration
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/17/2018	Payee name West Tarrant Chamber of Commerce	
Amount (\$) \$15.00	Payee address; City; State; Zip Code PO Box 10005  Fort Worth, TX 76114-0005	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event registration
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 71/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 08/14/2018	<b>5</b> Payee name White Settlement Area Chamber of Commerce	
<b>6</b> Amount (\$) \$10.00	<b>7</b> Payee address; City; State; Zip Code PO Box 150578  Fort Worth, TX 76108-0578	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event registration
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/11/2018	Payee name White Settlement Area Chamber of Commerce	
Amount (\$) \$75.00	Payee address; City; State; Zip Code PO Box 150578  Fort Worth, TX 76108-0578	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense membership
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/09/2018	Payee name White Settlement Area Chamber of Commerce	
Amount (\$) \$200.00	Payee address; City; State; Zip Code PO Box 150578  Fort Worth, TX 76108-0578	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 72/72 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 10/13/2018	<b>5</b> Payee name Winburn, Aimee	
<b>6</b> Amount (\$) \$750.00	<b>7</b> Payee address; City; State; Zip Code 600 Wynn Mountain Rd  Mineral Wells, TX 76067-1680	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense professional service
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/15/2018	Payee name ZTA Foundation	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 1036 S Rangeline Rd  Carmel, IN 46032-2544	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation for breast cancer awareness event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule F3: Sch: 1/5 Rpt: 140/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 07/31/2018	<b>5</b> Name of person from whom investment is purchased Fidelity Investments	
	<b>6</b> Address of person from whom investment is purchased; City; State; Zip Code 1576 E Southlake Blvd  Southlake, TX 76092	
	<b>7</b> Description of investment reinvested cash income	
	<b>8</b> Amount of investment (\$) 447.37	
Date 07/31/2018	Name of person from whom investment is purchased Fidelity Investments	
	Address of person from whom investment is purchased; City; State; Zip Code 1576 E Southlake Blvd  Southlake, TX 76092	
	Description of investment reinvested cash income	
	Amount of investment (\$) 326.63	
Date 07/31/2018	Name of person from whom investment is purchased Fidelity Investments	
	Address of person from whom investment is purchased; City; State; Zip Code 1576 E Southlake Blvd  Southlake, TX 76092	
	Description of investment reinvested cash income	
	Amount of investment (\$) 518.54	
Date 08/31/2018	Name of person from whom investment is purchased Fidelity Investments	
	Address of person from whom investment is purchased; City; State; Zip Code 1576 E Southlake Blvd  Southlake, TX 76092	
	Description of investment reinvested cash income	
	Amount of investment (\$) 447.24	

# PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule F3: Sch: 2/5 Rpt: 141/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 08/31/2018	<b>5</b> Name of person from whom investment is purchased Fidelity Investments	
	<b>6</b> Address of person from whom investment is purchased; City; State; Zip Code 1576 E Southlake Blvd  Southlake, TX 76092	
	<b>7</b> Description of investment reinvested cash income	
	<b>8</b> Amount of investment (\$) 427.26	
Date 08/31/2018	Name of person from whom investment is purchased Fidelity Investments	
	Address of person from whom investment is purchased; City; State; Zip Code 1576 E Southlake Blvd  Southlake, TX 76092	
	Description of investment reinvested cash income	
	Amount of investment (\$) 529.10	
Date 09/28/2018	Name of person from whom investment is purchased Fidelity Investments	
	Address of person from whom investment is purchased; City; State; Zip Code 1576 E Southlake Blvd  Southlake, TX 76092	
	Description of investment reinvested cash income	
	Amount of investment (\$) 432.75	
Date 09/28/2018	Name of person from whom investment is purchased Fidelity Investments	
	Address of person from whom investment is purchased; City; State; Zip Code 1576 E Southlake Blvd  Southlake, TX 76092	
	Description of investment reinvested cash income	
	Amount of investment (\$) 428.87	

# PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule F3: Sch: 3/5 Rpt: 142/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 09/28/2018	<b>5</b> Name of person from whom investment is purchased Fidelity Investments	
	<b>6</b> Address of person from whom investment is purchased; City; State; Zip Code 1576 E Southlake Blvd  Southlake, TX 76092	
	<b>7</b> Description of investment reinvested cash income	
	<b>8</b> Amount of investment (\$) 515.65	
Date 10/31/2018	Name of person from whom investment is purchased Fidelity Investments	
	Address of person from whom investment is purchased; City; State; Zip Code 1576 E Southlake Blvd  Southlake, TX 76092	
	Description of investment reinvested cash income	
	Amount of investment (\$) 469.45	
Date 10/31/2018	Name of person from whom investment is purchased Fidelity Investments	
	Address of person from whom investment is purchased; City; State; Zip Code 1576 E Southlake Blvd  Southlake, TX 76092	
	Description of investment reinvested cash income	
	Amount of investment (\$) 347.99	
Date 10/31/2018	Name of person from whom investment is purchased Fidelity Investments	
	Address of person from whom investment is purchased; City; State; Zip Code 1576 E Southlake Blvd  Southlake, TX 76092	
	Description of investment reinvested cash income	
	Amount of investment (\$) 547.03	

# PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F3: Sch: 4/5 Rpt: 143/203
2 FILER NAME Nelson, Jane (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020673
4 Date 11/30/2018	5 Name of person from whom investment is purchased Fidelity Investments	
	6 Address of person from whom investment is purchased; City; State; Zip Code 1576 E Southlake Blvd  Southlake, TX 76092	
	7 Description of investment reinvested cash income	
	8 Amount of investment (\$) 463.83	
Date 11/30/2018	Name of person from whom investment is purchased Fidelity Investments	
	Address of person from whom investment is purchased; City; State; Zip Code 1576 E Southlake Blvd  Southlake, TX 76092	
	Description of investment reinvested cash income	
	Amount of investment (\$) 376.26	
Date 11/30/2018	Name of person from whom investment is purchased Fidelity Investments	
	Address of person from whom investment is purchased; City; State; Zip Code 1576 E Southlake Blvd  Southlake, TX 76092	
	Description of investment reinvested cash income	
	Amount of investment (\$) 521.44	
Date 12/27/2018	Name of person from whom investment is purchased Fidelity Investments	
	Address of person from whom investment is purchased; City; State; Zip Code 1576 E Southlake Blvd  Southlake, TX 76092	
	Description of investment reinvested cash income	
	Amount of investment (\$) 148.92	

# PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule F3: Sch: 5/5 Rpt: 144/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 12/27/2018	<b>5</b> Name of person from whom investment is purchased Fidelity Investments	
	<b>6</b> Address of person from whom investment is purchased; City; State; Zip Code 1576 E Southlake Blvd  Southlake, TX 76092	
	<b>7</b> Description of investment reinvested cash income	
	<b>8</b> Amount of investment (\$) 409.85	
Date 12/31/2018	Name of person from whom investment is purchased Fidelity Investments	
	Address of person from whom investment is purchased; City; State; Zip Code 1576 E Southlake Blvd  Southlake, TX 76092	
	Description of investment reinvested cash income	
	Amount of investment (\$) 495.17	
Date 12/31/2018	Name of person from whom investment is purchased Fidelity Investments	
	Address of person from whom investment is purchased; City; State; Zip Code 1576 E Southlake Blvd  Southlake, TX 76092	
	Description of investment reinvested cash income	
	Amount of investment (\$) 379.35	
Date 12/31/2018	Name of person from whom investment is purchased Fidelity Investments	
	Address of person from whom investment is purchased; City; State; Zip Code 1576 E Southlake Blvd  Southlake, TX 76092	
	Description of investment reinvested cash income	
	Amount of investment (\$) 559.38	



## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 1/53 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b>
<b>5</b> Date 09/20/2018	<b>6</b> Payee name AT&T Mobility	
<b>7</b> Amount (\$) \$30.53	<b>8</b> Payee address; City; State; Zip Code PO Box 6463  Carol Stream, IL 60197-6463	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communications
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/19/2018	Payee name AT&T Mobility	
Amount (\$) \$30.52	Payee address; City; State; Zip Code PO Box 6463  Carol Stream, IL 60197-6463	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communications
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 2/53 Rpt:	2 FILER NAME Nelson, Jane (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020673
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 08/21/2018	6 Payee name AT&T Mobility
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7 Amount (\$) \$30.53	8 Payee address; City; State; Zip Code PO Box 6463  Carol Stream, IL 60197-6463
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communications
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/20/2018	Payee name AT&T Mobility
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Amount (\$) \$30.52	Payee address; City; State; Zip Code PO Box 6463  Carol Stream, IL 60197-6463
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communications
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 3/53 Rpt:	2 FILER NAME Nelson, Jane (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020673
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 11/19/2018	6 Payee name AT&T Mobility
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7 Amount (\$) \$30.52	8 Payee address; City; State; Zip Code PO Box 6463  Carol Stream, IL 60197-6463
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communications
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/22/2018	Payee name AT&T Mobility
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Amount (\$) \$30.53	Payee address; City; State; Zip Code PO Box 6463  Carol Stream, IL 60197-6463
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communications
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 4/53 Rpt:	2 FILER NAME Nelson, Jane (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020673
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 09/30/2018	6 Payee name AT&T Retail Store
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7 Amount (\$) \$580.74	8 Payee address; City; State; Zip Code 3329 Oak Lawn Ave  Dallas, TX 75219-4213
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense technology equipment
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/01/2018	Payee name AT&T Retail Store
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Amount (\$) \$111.37	Payee address; City; State; Zip Code 3634 Long Prairie Rd  Flower Mound, TX 75022-2745
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense technology equipment
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 5/53 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b>
<b>5</b> Date 09/17/2018	<b>6</b> Payee name AT&T Retail Store	
<b>7</b> Amount (\$) \$582.39	<b>8</b> Payee address; City; State; Zip Code 3634 Long Prairie Rd  Flower Mound, TX 75022-2745	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense technology equipment
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/23/2018	Payee name AT&T	
Amount (\$) \$227.53	Payee address; City; State; Zip Code PO Box 630047  Dallas, TX 75263-0047	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communications
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 6/53 Rpt:	2 FILER NAME Nelson, Jane (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020673
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 11/11/2018	6 Payee name AT&T
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7 Amount (\$) \$287.23	8 Payee address; City; State; Zip Code PO Box 630047  Dallas, TX 75263-0047
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communications
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/11/2018	Payee name AT&T
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Amount (\$) \$333.85	Payee address; City; State; Zip Code PO Box 630047  Dallas, TX 75263-0047
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communications
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 7/53 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b>
<b>5</b> Date 08/11/2018	<b>6</b> Payee name AT&T	
<b>7</b> Amount (\$) \$205.87	<b>8</b> Payee address; City; State; Zip Code PO Box 630047  Dallas, TX 75263-0047	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communications
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/11/2018	Payee name AT&T	
Amount (\$) \$180.87	Payee address; City; State; Zip Code PO Box 630047  Dallas, TX 75263-0047	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communications
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 8/53 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b>
<b>5</b> Date 12/23/2018	<b>6</b> Payee name AT&T	
<b>7</b> Amount (\$) \$172.08	<b>8</b> Payee address; City; State; Zip Code PO Box 630047  Dallas, TX 75263-0047	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communications
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/11/2018	Payee name AT&T	
Amount (\$) \$247.87	Payee address; City; State; Zip Code PO Box 630047  Dallas, TX 75263-0047	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communications
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 9/53 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b>
<b>5</b> Date 10/24/2018	<b>6</b> Payee name AT&T	
<b>7</b> Amount (\$) \$204.56	<b>8</b> Payee address; City; State; Zip Code PO Box 630047  Dallas, TX 75263-0047	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communications
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/23/2018	Payee name AT&T	
Amount (\$) \$115.61	Payee address; City; State; Zip Code PO Box 630047  Dallas, TX 75263-0047	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communications
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 10/53 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b>
<b>5</b> Date 08/24/2018	<b>6</b> Payee name AT&T	
<b>7</b> Amount (\$) \$151.03	<b>8</b> Payee address; City; State; Zip Code PO Box 630047  Dallas, TX 75263-0047	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communications
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/23/2018	Payee name AT&T	
Amount (\$) \$172.08	Payee address; City; State; Zip Code PO Box 630047  Dallas, TX 75263-0047	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communications
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 11/53 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b>
<b>5</b> Date 09/11/2018	<b>6</b> Payee name AT&T	
<b>7</b> Amount (\$) \$205.87	<b>8</b> Payee address; City; State; Zip Code PO Box 630047  Dallas, TX 75263-0047	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communications
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/18/2018	Payee name Amazon.com	
Amount (\$) \$107.09	Payee address; City; State; Zip Code 2250 1st Ave S  Seattle, WA 98134-1408	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 12/53 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b>
<b>5</b> Date 09/12/2018	<b>6</b> Payee name Amazon.com	
<b>7</b> Amount (\$) \$12.94	<b>8</b> Payee address; City; State; Zip Code 2250 1st Ave S  Seattle, WA 98134-1408	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 12/19/2018	Payee name Amazon.com	
Amount (\$) \$236.57	Payee address; City; State; Zip Code 2250 1st Ave S  Seattle, WA 98134-1408	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 13/53 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b>
<b>5</b> Date 08/24/2018	<b>6</b> Payee name Amazon.com	
<b>7</b> Amount (\$) \$206.96	<b>8</b> Payee address; City; State; Zip Code 2250 1st Ave S  Seattle, WA 98134-1408	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense wedding gift for staff
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/17/2018	Payee name Amazon.com	
Amount (\$) \$140.71	Payee address; City; State; Zip Code 2250 1st Ave S  Seattle, WA 98134-1408	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 14/53 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b>
<b>5</b> Date 07/20/2018	<b>6</b> Payee name Amazon.com	
<b>7</b> Amount (\$) \$21.19	<b>8</b> Payee address; City; State; Zip Code 2250 1st Ave S  Seattle, WA 98134-1408	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/09/2018	Payee name Amazon.com	
Amount (\$) \$36.99	Payee address; City; State; Zip Code 2250 1st Ave S  Seattle, WA 98134-1408	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 15/53 Rpt:	2 FILER NAME Nelson, Jane (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020673
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 09/07/2018	6 Payee name Amazon.com
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7 Amount (\$) \$9.95	8 Payee address; City; State; Zip Code 2250 1st Ave S  Seattle, WA 98134-1408
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/18/2018	Payee name Amazon.com
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Amount (\$) \$29.95	Payee address; City; State; Zip Code 2250 1st Ave S  Seattle, WA 98134-1408
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gift for central staff
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 16/53 Rpt:	2 FILER NAME Nelson, Jane (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020673
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 10/16/2018	6 Payee name Aristotle
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7 Amount (\$) \$1,950.00	8 Payee address; City; State; Zip Code 205 Pennsylvania Ave SE  Washington, DC 20003-1164
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense technology services
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/16/2018	Payee name Aristotle
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Amount (\$) \$1,950.00	Payee address; City; State; Zip Code 205 Pennsylvania Ave SE  Washington, DC 20003-1164
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense technology services
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 17/53 Rpt:	2 FILER NAME Nelson, Jane (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020673
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 10/29/2018	6 Payee name Avangate.com
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7 Amount (\$) \$119.04	8 Payee address; City; State; Zip Code 555 Twin Dolphin Dr  Redwood City, CA 94065-2129
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense computer software
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/12/2018	Payee name Avangate.com
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Amount (\$) \$79.95	Payee address; City; State; Zip Code 555 Twin Dolphin Dr  Redwood City, CA 94065-2129
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense computer software
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 18/53 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b>
<b>5</b> Date 07/11/2018	<b>6</b> Payee name Avis Rent A Car	
<b>7</b> Amount (\$) \$51.57	<b>8</b> Payee address; City; State; Zip Code 3600 Presidential Blvd  Austin, TX 78719	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense car rental
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/14/2018	Payee name Avis Rent A Car	
Amount (\$) \$107.38	Payee address; City; State; Zip Code 3600 Presidential Blvd  Austin, TX 78719	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense car rental
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 19/53 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b>
<b>5</b> Date 07/29/2018	<b>6</b> Payee name Best Buy	
<b>7</b> Amount (\$) \$508.75	<b>8</b> Payee address; City; State; Zip Code 4970 West US Highway 290 Service Road  Austin, TX 78735	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense technology equipment
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/28/2018	Payee name Best Buy	
Amount (\$) \$88.73	Payee address; City; State; Zip Code 6060 Long Prairie Rd  Flower Mound, TX 75028-2598	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense technology supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 20/53 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b>
<b>5</b> Date 10/01/2018	<b>6</b> Payee name Best Buy	
<b>7</b> Amount (\$) \$60.61	<b>8</b> Payee address; City; State; Zip Code 6060 Long Prairie Rd  Flower Mound, TX 75028-2598	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense technology supplies
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/04/2018	Payee name Bullock Texas State History Museum	
Amount (\$) \$6,866.16	Payee address; City; State; Zip Code 1800 Congress Ave  Austin, TX 78701-1342	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense items for charitable auctions
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 21/53 Rpt:		2 FILER NAME Nelson, Jane (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020673	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date 09/17/2018		6 Payee name Bullock Texas State History Museum			
7 Amount (\$) \$340.27		8 Payee address; City; State; Zip Code 1800 Congress Ave  Austin, TX 78701-1342			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gifts for constituents	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 10/08/2018		Payee name CASA of Denton County			
Amount (\$) \$1,500.00		Payee address; City; State; Zip Code 614 N Bell Ave  Denton, TX 76209-4276			
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event sponsorship	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 22/53 Rpt:	2 FILER NAME Nelson, Jane (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020673
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 07/11/2018	6 Payee name Capitol Extension Gift Shop
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7 Amount (\$) \$446.53	8 Payee address; City; State; Zip Code 1400 Congress Ave # E1.006 Austin, TX 78701-1932
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense items for charitable donation
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/29/2018	Payee name Capitol Extension Gift Shop
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Amount (\$) \$476.30	Payee address; City; State; Zip Code 1400 Congress Ave # E1.006 Austin, TX 78701-1932
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gifts for constituents
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 23/53 Rpt:	2 FILER NAME Nelson, Jane (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020673
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 12/04/2018	6 Payee name Capitol Extension Gift Shop
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7 Amount (\$) \$381.04	8 Payee address; City; State; Zip Code 1400 Congress Ave # E1.006 Austin, TX 78701-1932
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gifts for staff
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/05/2018	Payee name Capitol Extension Gift Shop
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Amount (\$) \$25.10	Payee address; City; State; Zip Code 1400 Congress Ave # E1.006 Austin, TX 78701-1932
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense items for charitable donation
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 24/53 Rpt:	2 FILER NAME Nelson, Jane (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020673
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 12/05/2018	6 Payee name Central Market	
7 Amount (\$) \$662.49	8 Payee address; City; State; Zip Code 4001 N Lamar Blvd  Austin, TX 78756-3733	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense meals for staff
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/20/2018	Payee name Cloud 9 Charities	
Amount (\$) \$262.12	Payee address; City; State; Zip Code 2221 Justin Rd Ste 119 Flower Mound, TX 75028-4824	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event registration
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 25/53 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b>
<b>5</b> Date 07/13/2018	<b>6</b> Payee name Dallas Young Republicans	
<b>7</b> Amount (\$) \$500.00	<b>8</b> Payee address; City; State; Zip Code 2807 Allen St # 370 Dallas, TX 75204-1031	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event sponsorship
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/26/2018	Payee name Denton County Friends Of The Family	
Amount (\$) \$315.00	Payee address; City; State; Zip Code PO Box 640  Denton, TX 76202-0640	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event registration
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 26/53 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b>
<b>5</b> Date 10/10/2018	<b>6</b> Payee name Denton County Friends Of The Family	
<b>7</b> Amount (\$) \$225.00	<b>8</b> Payee address; City; State; Zip Code PO Box 640  Denton, TX 76202-0640	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense charitable donation
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/23/2018	Payee name Denton County Friends Of The Family	
Amount (\$) \$400.00	Payee address; City; State; Zip Code PO Box 640  Denton, TX 76202-0640	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense charitable donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 27/53 Rpt:	2 FILER NAME Nelson, Jane (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020673
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 10/01/2018	6 Payee name Frisco Printing & Graphics Center
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7 Amount (\$) \$880.68	8 Payee address; City; State; Zip Code 8585 John Wesley Dr  Frisco, TX 75034-5687
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/06/2018	Payee name Frisco Printing & Graphics Center
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Amount (\$) \$4,489.69	Payee address; City; State; Zip Code 8585 John Wesley Dr  Frisco, TX 75034-5687
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 28/53 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b>
<b>5</b> Date 07/30/2018	<b>6</b> Payee name GAME Fundraising - Rubber Duck Races	
<b>7</b> Amount (\$) \$221.55	<b>8</b> Payee address; City; State; Zip Code 16444 N 91st St  Scottsdale, AZ 85260-1567	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event sponsorship for the Cross Timbers Rotary
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/12/2018	Payee name Gaylord Texan Resort And Convention Ctr.	
Amount (\$) \$7,643.76	Payee address; City; State; Zip Code 1501 Gaylord Trl  Grapevine, TX 76051-1945	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff retreat
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 29/53 Rpt:	2 FILER NAME Nelson, Jane (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020673
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 09/08/2018	6 Payee name Gaylord Texan Resort And Convention Ctr.
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7 Amount (\$) \$5,157.68	8 Payee address; City; State; Zip Code 1501 Gaylord Trl  Grapevine, TX 76051-1945
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense deposit for staff retreat
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/18/2018	Payee name Grapevine Convention & Visitors Center
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Amount (\$) \$250.00	Payee address; City; State; Zip Code 636 S Main St  Grapevine, TX 76051-5340
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event registration
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 30/53 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b>
<b>5</b> Date 09/14/2018	<b>6</b> Payee name Grapevine Convention & Visitors Center	
<b>7</b> Amount (\$) \$134.00	<b>8</b> Payee address; City; State; Zip Code 636 S Main St  Grapevine, TX 76051-5340	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense charitable donation
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/13/2018	Payee name Hyatt Regency Lost Pines	
Amount (\$) \$208.20	Payee address; City; State; Zip Code 575 Hyatt Lost Pines Rd  Cedar Creek, TX 78612-4136	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense lodging for conference
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 31/53 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b>
<b>5</b> Date 08/03/2018	<b>6</b> Payee name JW Marriott Hotel Los Angeles	
<b>7</b> Amount (\$) \$2,984.13	<b>8</b> Payee address; City; State; Zip Code 900 W Olympic Blvd  Los Angeles, CA 90015-1338	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff lodging for NCSL
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/30/2018	Payee name LUCE Photography	
Amount (\$) \$1,585.86	Payee address; City; State; Zip Code 550 Reserve St # 190 Southlake, TX 76092-1455	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense photography services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 32/53 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date 12/05/2018	<b>6</b> Payee name Mandola's Italian Restaurant	
<b>7</b> Amount (\$) \$630.79	<b>8</b> Payee address; City; State; Zip Code 4700 West Guadalupe St. Ste. 12 Austin, TX 78751-3778	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense meals for staff
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/20/2018	Payee name Neiman Marcus Last Call	
Amount (\$) \$150.72	Payee address; City; State; Zip Code 111 Customer Way  Irving, TX 75039-3607	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gifts for Senators
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 33/53 Rpt:	2 FILER NAME Nelson, Jane (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020673
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 09/11/2018	6 Payee name North 100 North 100
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7 Amount (\$) \$137.99	8 Payee address; City; State; Zip Code 500 W 2nd St Ste 12 Austin, TX 78701-4673
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense meals for officeholder meeting
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/11/2018	Payee name Office Depot
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Amount (\$) \$92.91	Payee address; City; State; Zip Code 6060 Long Prairie Rd Ste 300 Flower Mound, TX 75028-5615
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 34/53 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b>
<b>5</b> Date 12/18/2018	<b>6</b> Payee name Office Depot	
<b>7</b> Amount (\$) \$122.86	<b>8</b> Payee address; City; State; Zip Code 6060 Long Prairie Rd Ste 300 Flower Mound, TX 75028-5615	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 10/02/2018	Payee name Oriental Trading Company	
Amount (\$) \$78.93	Payee address; City; State; Zip Code 4206 S 108th St  Omaha, NE 68137-1215	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 35/53 Rpt:	2 FILER NAME Nelson, Jane (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020673
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 09/14/2018	6 Payee name Oriental Trading Company	
7 Amount (\$) \$94.92	8 Payee address; City; State; Zip Code 4206 S 108th St  Omaha, NE 68137-1215	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/03/2018	Payee name Pedi Place	
Amount (\$) \$240.00	Payee address; City; State; Zip Code 502 S Old Orchard Ln Ste 126 Lewisville, TX 75067-4374	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense charitable donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 36/53 Rpt:	2 FILER NAME Nelson, Jane (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020673
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 12/04/2018	6 Payee name Pedi Place
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7 Amount (\$) \$1,250.00	8 Payee address; City; State; Zip Code 502 S Old Orchard Ln Ste 126 Lewisville, TX 75067-4374
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event sponsorship
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/20/2018	Payee name Ready Refresh
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Amount (\$) \$67.63	Payee address; City; State; Zip Code 900 Long Ridge Rd Bldg 2 Stamford, CT 06902-1140
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 37/53 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b>
<b>5</b> Date 07/19/2018	<b>6</b> Payee name Ready Refresh	
<b>7</b> Amount (\$) \$80.43	<b>8</b> Payee address; City; State; Zip Code 900 Long Ridge Rd Bldg 2 Stamford, CT 06902-1140	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 09/19/2018	Payee name Ready Refresh	
Amount (\$) \$81.59	Payee address; City; State; Zip Code 900 Long Ridge Rd Bldg 2 Stamford, CT 06902-1140	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 38/53 Rpt:	2 FILER NAME Nelson, Jane (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020673
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 10/19/2018	6 Payee name Ready Refresh
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7 Amount (\$) \$237.84	8 Payee address; City; State; Zip Code 900 Long Ridge Rd Bldg 2 Stamford, CT 06902-1140
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/19/2018	Payee name Ready Refresh
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Amount (\$) \$123.96	Payee address; City; State; Zip Code 900 Long Ridge Rd Bldg 2 Stamford, CT 06902-1140
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 39/53 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date 08/20/2018	<b>6</b> Payee name Ready Refresh	
<b>7</b> Amount (\$) \$83.99	<b>8</b> Payee address; City; State; Zip Code 900 Long Ridge Rd Bldg 2 Stamford, CT 06902-1140	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/27/2018	Payee name Rick Green and Associates	
Amount (\$) \$152.00	Payee address; City; State; Zip Code PO Box 900 Dripping Springs, TX 78620-0900	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense educational resources
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 40/53 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b>
<b>5</b> Date 10/24/2018	<b>6</b> Payee name Rosa Mexicano	
<b>7</b> Amount (\$) \$133.15	<b>8</b> Payee address; City; State; Zip Code 800 W Olympic Blvd  Los Angeles, CA 90015-1360	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff meals
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/07/2018	Payee name RushTrips Transportation, LLC	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 2100 Shumard Ln  Flower Mound, TX 75028-7639	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense transportation fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 41/53 Rpt:	2 FILER NAME Nelson, Jane (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020673
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 09/14/2018	6 Payee name Sam's Club Warehouse	
7 Amount (\$) \$54.10	8 Payee address; City; State; Zip Code 9700 N Capital of Texas Hwy  Austin, TX 78759-5819	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/08/2018	Payee name Target.com	
Amount (\$) \$21.63	Payee address; City; State; Zip Code 1000 Nicollet Mall  Minneapolis, MN 55403-2542	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 42/53 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b>
<b>5</b> Date 08/07/2018	<b>6</b> Payee name Target.com	
<b>7</b> Amount (\$) \$140.14	<b>8</b> Payee address; City; State; Zip Code 1000 Nicollet Mall  Minneapolis, MN 55403-2542	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/15/2018	Payee name Target.com	
Amount (\$) \$33.54	Payee address; City; State; Zip Code 1000 Nicollet Mall  Minneapolis, MN 55403-2542	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 43/53 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b>
<b>5</b> Date 12/21/2018	<b>6</b> Payee name Target.com	
<b>7</b> Amount (\$) \$21.64	<b>8</b> Payee address; City; State; Zip Code 1000 Nicollet Mall  Minneapolis, MN 55403-2542	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/20/2018	Payee name Target	
Amount (\$) \$144.58	Payee address; City; State; Zip Code 5959 Long Prairie Rd  Flower Mound, TX 75028-2224	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 44/53 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b>
<b>5</b> Date 07/04/2018	<b>6</b> Payee name Target	
<b>7</b> Amount (\$) \$106.00	<b>8</b> Payee address; City; State; Zip Code 10107 Research Blvd  Austin, TX 78759-5803	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense graduation gift for staff
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/06/2018	Payee name Taverna	
Amount (\$) \$107.43	Payee address; City; State; Zip Code 258 W 2nd St  Austin, TX 78701-4160	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense meals for officeholder meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 45/53 Rpt:	2 FILER NAME Nelson, Jane (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020673
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 12/03/2018	6 Payee name The Dani Creative
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7 Amount (\$) \$243.75	8 Payee address; City; State; Zip Code 607 Woodward St. #214 Austin, TX 78704
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense professional service
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/10/2018	Payee name The Mayflower Hotel
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Amount (\$) \$544.55	Payee address; City; State; Zip Code 1127 Connecticut Ave NW Washington, DC 20036-4301
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officerholder lodging
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 46/53 Rpt:	2 FILER NAME Nelson, Jane (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020673
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 07/02/2018	6 Payee name Time Warner Cable
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7 Amount (\$) \$91.09	8 Payee address; City; State; Zip Code PO Box 85100  Austin, TX 78708-5100
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense utilities
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/11/2018	Payee name Time Warner Cable
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Amount (\$) \$162.75	Payee address; City; State; Zip Code PO Box 85100  Austin, TX 78708-5100
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense utilities
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 47/53 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b>
<b>5</b> Date 11/10/2018	<b>6</b> Payee name Time Warner Cable	
<b>7</b> Amount (\$) \$162.75	<b>8</b> Payee address; City; State; Zip Code PO Box 85100  Austin, TX 78708-5100	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense utilities
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/11/2018	Payee name Time Warner Cable	
Amount (\$) \$165.20	Payee address; City; State; Zip Code PO Box 85100  Austin, TX 78708-5100	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense utilities
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 48/53 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b>
<b>5</b> Date 09/10/2018	<b>6</b> Payee name Time Warner Cable	
<b>7</b> Amount (\$) \$125.09	<b>8</b> Payee address; City; State; Zip Code PO Box 85100  Austin, TX 78708-5100	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense utilities
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/20/2018	Payee name Time Warner Cable	
Amount (\$) \$101.96	Payee address; City; State; Zip Code PO Box 85100  Austin, TX 78708-5100	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense utilities
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 49/53 Rpt:	2 FILER NAME Nelson, Jane (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020673
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 08/02/2018	6 Payee name Time Warner Cable
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7 Amount (\$) \$91.09	8 Payee address; City; State; Zip Code PO Box 85100  Austin, TX 78708-5100
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense utilities
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/04/2018	Payee name Tom Thumb
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Amount (\$) \$533.93	Payee address; City; State; Zip Code 4301 Cross Timbers Rd  Flower Mound, TX 75028-3004
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense meals for volunteers
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 50/53 Rpt:	2 FILER NAME Nelson, Jane (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020673
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 10/26/2018	6 Payee name United States Postal Service
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7 Amount (\$) \$4,001.75	8 Payee address; City; State; Zip Code 1251 William D Tate Ave  Grapevine, TX 76051-4000
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense postage
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/12/2018	Payee name United States Postal Service
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Amount (\$) \$501.75	Payee address; City; State; Zip Code 1251 William D Tate Ave  Grapevine, TX 76051-4000
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense postage
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 51/53 Rpt:	2 FILER NAME Nelson, Jane (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020673
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 09/10/2018	6 Payee name United States Postal Service
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7 Amount (\$) \$301.75	8 Payee address; City; State; Zip Code 1251 William D Tate Ave  Grapevine, TX 76051-4000
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense postage
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/13/2018	Payee name United States Postal Service
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Amount (\$) \$6,001.75	Payee address; City; State; Zip Code 1251 William D Tate Ave  Grapevine, TX 76051-4000
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense postage
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 52/53 Rpt:	2 FILER NAME Nelson, Jane (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020673
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 08/15/2018	6 Payee name United States Postal Service
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7 Amount (\$) \$125.00	8 Payee address; City; State; Zip Code 1251 William D Tate Ave  Grapevine, TX 76051-4000
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense box rental
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/01/2018	Payee name iFratelli Pizza
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Amount (\$) \$60.72	Payee address; City; State; Zip Code 2600 E Southlake Blvd Ste 110 Southlake, TX 76092-8009
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff meals
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 53/53 Rpt:	<b>2</b> FILER NAME Nelson, Jane (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b>
<b>5</b> Date 07/25/2018	<b>6</b> Payee name iFratelli Pizza	
<b>7</b> Amount (\$) \$55.14	<b>8</b> Payee address; City; State; Zip Code 2600 E Southlake Blvd Ste 110 Southlake, TX 76092-8009	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff meals
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/6 Rpt: 198/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 07/31/2018	<b>5</b> Name of person from whom amount is received Fidelity Investments	<b>8</b> Amount (\$) \$447.37
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  Southlake, TX 76092-6421	
	<b>7</b> Purpose for which amount is received cash dividend received <input type="checkbox"/> Check if political contribution returned to filer	
Date 07/31/2018	Name of person from whom amount is received Fidelity Investments	Amount (\$) \$326.63
	Address of person from whom amount is received; City; State; Zip Code  Southlake, TX 76092-6421	
	Purpose for which amount is received cash dividend received <input type="checkbox"/> Check if political contribution returned to filer	
Date 07/31/2018	Name of person from whom amount is received Fidelity Investments	Amount (\$) \$400.61
	Address of person from whom amount is received; City; State; Zip Code  Southlake, TX 76092-6421	
	Purpose for which amount is received cash dividend received <input type="checkbox"/> Check if political contribution returned to filer	
Date 07/31/2018	Name of person from whom amount is received Fidelity Investments	Amount (\$) \$518.54
	Address of person from whom amount is received; City; State; Zip Code  Southlake, TX 76092-6421	
	Purpose for which amount is received cash dividend received <input type="checkbox"/> Check if political contribution returned to filer	
Date 08/31/2018	Name of person from whom amount is received Fidelity Investments	Amount (\$) \$447.24
	Address of person from whom amount is received; City; State; Zip Code  Southlake, TX 76092-6421	
	Purpose for which amount is received cash dividend received <input type="checkbox"/> Check if political contribution returned to filer	

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 2/6 Rpt: 199/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 08/31/2018	<b>5</b> Name of person from whom amount is received Fidelity Investments	<b>8</b> Amount (\$) \$427.26
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  Southlake, TX 76092-6421	
	<b>7</b> Purpose for which amount is received cash dividend received <input type="checkbox"/> Check if political contribution returned to filer	
Date 08/31/2018	Name of person from whom amount is received Fidelity Investments	Amount (\$) \$404.94
	Address of person from whom amount is received; City; State; Zip Code  Southlake, TX 76092-6421	
	Purpose for which amount is received cash dividend received <input type="checkbox"/> Check if political contribution returned to filer	
Date 08/31/2018	Name of person from whom amount is received Fidelity Investments	Amount (\$) \$529.10
	Address of person from whom amount is received; City; State; Zip Code  Southlake, TX 76092-6421	
	Purpose for which amount is received cash dividend received <input type="checkbox"/> Check if political contribution returned to filer	
Date 09/28/2018	Name of person from whom amount is received Fidelity Investments	Amount (\$) \$432.75
	Address of person from whom amount is received; City; State; Zip Code  Southlake, TX 76092-6421	
	Purpose for which amount is received cash dividend received <input type="checkbox"/> Check if political contribution returned to filer	
Date 09/28/2018	Name of person from whom amount is received Fidelity Investments	Amount (\$) \$407.04
	Address of person from whom amount is received; City; State; Zip Code  Southlake, TX 76092-6421	
	Purpose for which amount is received cash dividend received <input type="checkbox"/> Check if political contribution returned to filer	

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 3/6 Rpt: 200/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 09/28/2018	<b>5</b> Name of person from whom amount is received Fidelity Investments	<b>8</b> Amount (\$) \$428.87
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  Southlake, TX 76092-6421	
	<b>7</b> Purpose for which amount is received cash dividend received <input type="checkbox"/> Check if political contribution returned to filer	
Date 09/28/2018	Name of person from whom amount is received Fidelity Investments	Amount (\$) \$515.65
	Address of person from whom amount is received; City; State; Zip Code  Southlake, TX 76092-6421	
	Purpose for which amount is received cash dividend received <input type="checkbox"/> Check if political contribution returned to filer	
Date 10/31/2018	Name of person from whom amount is received Fidelity Investments	Amount (\$) \$469.45
	Address of person from whom amount is received; City; State; Zip Code  Southlake, TX 76092-6421	
	Purpose for which amount is received cash dividend received <input type="checkbox"/> Check if political contribution returned to filer	
Date 10/31/2018	Name of person from whom amount is received Fidelity Investments	Amount (\$) \$347.99
	Address of person from whom amount is received; City; State; Zip Code  Southlake, TX 76092-6421	
	Purpose for which amount is received cash dividend received <input type="checkbox"/> Check if political contribution returned to filer	
Date 10/31/2018	Name of person from whom amount is received Fidelity Investments	Amount (\$) \$463.41
	Address of person from whom amount is received; City; State; Zip Code  Southlake, TX 76092-6421	
	Purpose for which amount is received cash dividend received <input type="checkbox"/> Check if political contribution returned to filer	



# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 4/6 Rpt: 201/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 10/31/2018	<b>5</b> Name of person from whom amount is received Fidelity Investments	<b>8</b> Amount (\$) \$547.03
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  Southlake, TX 76092-6421	
	<b>7</b> Purpose for which amount is received cash dividend received <input type="checkbox"/> Check if political contribution returned to filer	
Date 11/30/2018	Name of person from whom amount is received Fidelity Investments	Amount (\$) \$463.83
	Address of person from whom amount is received; City; State; Zip Code  Southlake, TX 76092-6421	
	Purpose for which amount is received cash dividend received <input type="checkbox"/> Check if political contribution returned to filer	
Date 11/30/2018	Name of person from whom amount is received Fidelity Investments	Amount (\$) \$376.26
	Address of person from whom amount is received; City; State; Zip Code  Southlake, TX 76092-6421	
	Purpose for which amount is received cash dividend received <input type="checkbox"/> Check if political contribution returned to filer	
Date 11/30/2018	Name of person from whom amount is received Fidelity Investments	Amount (\$) \$463.52
	Address of person from whom amount is received; City; State; Zip Code  Southlake, TX 76092-6421	
	Purpose for which amount is received cash dividend received <input type="checkbox"/> Check if political contribution returned to filer	
Date 11/30/2018	Name of person from whom amount is received Fidelity Investments	Amount (\$) \$521.44
	Address of person from whom amount is received; City; State; Zip Code  Southlake, TX 76092-6421	
	Purpose for which amount is received cash dividend received <input type="checkbox"/> Check if political contribution returned to filer	

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 5/6 Rpt: 202/203
<b>2</b> FILER NAME Nelson, Jane (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020673
<b>4</b> Date 12/27/2018	<b>5</b> Name of person from whom amount is received Fidelity Investments	<b>8</b> Amount (\$) \$148.92
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  Southlake, TX 76092-6421	
	<b>7</b> Purpose for which amount is received cash dividend received <input type="checkbox"/> Check if political contribution returned to filer	
Date 12/27/2018	Name of person from whom amount is received Fidelity Investments	Amount (\$) \$409.85
	Address of person from whom amount is received; City; State; Zip Code  Southlake, TX 76092-6421	
	Purpose for which amount is received cash dividend received <input type="checkbox"/> Check if political contribution returned to filer	
Date 12/31/2018	Name of person from whom amount is received Fidelity Investments	Amount (\$) \$495.17
	Address of person from whom amount is received; City; State; Zip Code  Southlake, TX 76092-6421	
	Purpose for which amount is received cash dividend received <input type="checkbox"/> Check if political contribution returned to filer	
Date 12/31/2018	Name of person from whom amount is received Fidelity Investments	Amount (\$) \$379.35
	Address of person from whom amount is received; City; State; Zip Code  Southlake, TX 76092-6421	
	Purpose for which amount is received cash dividend received <input type="checkbox"/> Check if political contribution returned to filer	
Date 12/31/2018	Name of person from whom amount is received Fidelity Investments	Amount (\$) \$502.57
	Address of person from whom amount is received; City; State; Zip Code  Southlake, TX 76092-6421	
	Purpose for which amount is received cash dividend received <input type="checkbox"/> Check if political contribution returned to filer	

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:  
Sch: 6/6 Rpt: 203/203

2 FILER NAME

Nelson, Jane (The Honorable)

3 Filer ID (Ethics Commission Filers)  
00020673

4 Date

12/31/2018

5 Name of person from whom amount is received

Fidelity Investments

8 Amount (\$)

\$559.38

6 Address of person from whom amount is received; City; State; Zip Code

Southlake, TX 76092-6421

7 Purpose for which amount is received  
cash dividend received

☐ Check if political contribution returned to filer

Date

10/03/2018

Name of person from whom amount is received

New Allies Properties, LLC

Amount (\$)

\$2,400.00

Address of person from whom amount is received; City; State; Zip Code

Dripping Springs, TX 78620

Purpose for which amount is received  
refund of deposit

☐ Check if political contribution returned to filer